### CONOCOPHILLIPS COMPANY ("CONOCOPHILLIPS"), ON BEHALF OF PHILLIPS PETROLEUM COMPANY, TOSCO CORPORATION AND ASSETS OF 76 PRODUCTS COMPANY

RESPONSES TO JANUARY 18, 2008 EPA FIRST REQUEST FOR INFORMATION PORTLAND HARBOR SUPERFUND SITE PORTLAND, OREGON

AGENCY VISITS
RESPONSE TO QUESTION 50



soor 5008

| Record of Me   | Yellowstone<br>eting or Inspe  | •             |                | erminal<br>Environmental Agency   |
|--|--------------------------------|---------------|----------------|-----------------------------------|
| Date of Meeting  | 7/28/2008                      | Agency        | Oregon D       | epartment of Transportation       |
| Inspector(s) Name  | James Turpen<br>Specialist, OD |               |                | Telephone<br>No. 503-<br>986-4310 |
| District/Terminal  | Yellowstone D                  | istrict       |                |                                   |
| Area/Station/Location  | Portland T                     | erminal       |                |                                   |
| Nature of Inspection: (<br>List any documents ins                |                                |               |                |                                   |
| Facility Examination:  | Annual routine sa              | nfety inspect | ion.           |                                   |
| List any Discrepancies   | Noted, Requests                | , or Suggest  | ions made by   | Inspector(s):                     |
| No exceptions were for   | ind.                           |               |                |                                   |
|  | Taken, Who is re               | sponsible fo  | r the action a | nd completion due date:           |
| None   |                                |               |                |                                   |
| Citation or NOV Issued  (Attach copy) Expecte  Reason for Issue: | 1?<br>d? Yes or No             | No<br>No      | To Whom:       |                                   |
| Form Completed By:   | Gary LeFebvre                  |               | Title:         | Plant Manager Lubricants          |

Scott Spicher, Gary Lefebvre, Steve Kober

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OREGON DEPARTMENT OF TRANSPORTATION INSPECTOR: James Turben RAIL DIVISION

555 -13TH STREET N.E, SUITE 3 SALEM, OR 97301-4179

PHONE (503)986-4310

FAX (503)986-3183

IND NO: 5D 00307

MA: 1

### RAIL SAFETY INSPECTION REPORT

RR/Co Representative(Receipt Acknowledged) Title Signature

NAME:

CONOCO PHILLIPS

**CONTACT:** LEFEBVRE GARY .PLANT M

**ADDRESS: 5528 NW DOANE** 

TELEPHONE:

CITY:

**PORTLAND** 

ACTIVE:

Yes

**STATE:** 

OR

ZIP: 97210

DATE: Monday, July 28, 2008

INSP: ITEM: TYPE: CODE: DUE DATE: RULE VIOLATION: | CORRECTED DATE: JLT R 1 **LOCATION DESCRIPTION:** No exceptions INCIDENT DESCRIPTION:

| Signature of Company Representative | Date · |  |
|-------------------------------------|--------|--|
|                                     |        |  |

CODE LEGEND 1:W/W STD#1, 2:W/W STD#2, 3:W/W STD#3, 4:W/W STD#4, 5: SURFACE/DEBRIS, 6: SLOPE, 7:CLEARANCE SIDE, 8: OVERHEAD CLEARANCE 9: SANITATION 10: MISC

Printed On: Tuesday, July 29, 2008

Page 1 of 1

| Yellowstone District, Portland Terminal<br>Record of Meeting or Inspection by Regulatory / Environmental Agency |  |  |  |  |  |
|---|--|--|--|--|--|
| Date of Meeting 7/30/2008 Agency  | United States Coast Guard                |  |  |  |  |
| Inspector(s) Name George Bireal   | Telephone 503-240-9370<br>No.            |  |  |  |  |
| District/Terminal Yellowstone District  |  |  |  |  |  |
| Area/Station/Location Portland Terminal   |  |  |  |  |  |
|   |  |  |  |  |  |
| Nature of Inspection: (Identify files, plans, PTO's, faci   |  |  |  |  |  |
| List any documents inspected. List documents surrend  | ered. List any samples taken.            |  |  |  |  |
| Facility Examination: MTSA Spot Check. Coast Guardon MARSEC levels, actions and notifications.                  | d checked fencing & signage, quizzed FSO |  |  |  |  |
|   |  |  |  |  |  |
| List any Discrepancies Noted, Requests, or Suggestions  | s made by Inspector(s): Six (6)          |  |  |  |  |
| 2 Deficiencies: 1) One access gate to Restricted Area v<br>Coast Guardmen's idenity badges.                     | vas left open. 2) Security did not check |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| List any Action To Be Taken, Who is responsible for the   | ne action and completion due date:       |  |  |  |  |
| Both deficiencies were corrected on the spot (7/30/200  | 8). See Facility Examination Report.     |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Citation or NOV Issued? No To   | Whom:                                    |  |  |  |  |
| (Attach copy) Expected? Yes or No No  |  |  |  |  |  |
| Reason for Issue:   |  |  |  |  |  |
|   |  |  |  |  |  |
| Form Completed By: Tom Lyons  | Title: Facility Supervisor               |  |  |  |  |

Scott Spicher, Gary Lefebyre, Steve Kober

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Captain of the Port United States Coast Guard 6767 - North Basin Avenue Portland, OR 97217 Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-2586

### **Facility Examination Report**

|  |  |   | <del>,</del>                                | <del></del> -                             |  |
|--|--|---|---|---|--|
| cility Name  |  |   | Facility ID Numbe                           | •   |  |
|  | c Liquid Bulk Solid  | Liquefied Gas                                     | Packaged                                    |   | St SPS CHIC                              |
| <u> </u>   | terfront Facility  | Mobile Facility                                   | Fac   | ility of Particul                         |  |
| IISLE Case Number  | Total Number of deficiencies found: 07   | Date by w<br>deficiencie                          | hich all identified<br>es must be corrected | : Ala                                     |  |
| Regulation   | N  | Nature of Deficien                                | ису   | (   | Cleared<br>CG use only)                  |
| 33(CR 145 255(1  | Perl * Copies  |   |   | <u>C=</u>                                 | 305                                      |
|  |  |   |   |   | <u></u>                                  |
| 33000 IVS 755(H)   | Seesem SON   | NOT CHECK IC                                      | ) s or or                                   | 17K S                                     |  |
|  | * Corifers as  | ar 501 #  |   | <del> </del>                              | 3,30                                     |
|  |  |   |   |   |  |
|  |  |   |   | <u>_</u>                                  |  |
|  |  |   |   |   |  |
|  |  |   |   | <del></del>                               |  |
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|  |  |   |   |   |  |
|  |  |   |   |   |  |
| a de la companya de l | have goding to the control of the co |   |   |   | tera an artico                           |
| any additional pages that may be<br>ciencies identified, request an exte   | have received a copy of this exa<br>e attached. You also acknowledg<br>ension or submit a request for alte-<br>ou have submitted proof of  | ge you have thirty days<br>emative compliance, as | from the date of the described on the re-   | nis examination to<br>everse side of this | either correct the<br>form. Deficiencies |
| ility Examiner (Please Print)  | Signature  | <del></del>                                       |   | Inspection                                |  |
| YDERI R Bend MSI   | 5 />~ 8  | D 1803  | 3   | is the roof                               |  |



Department of the Treasury

Lucita Holland ID# 93-01553 Internal Revenue Service 185 Lennon Lane

िंगेalnut Creek, CA 94598 w w w . i r s . g o v<sub>949-637-5094-cell</sub> 925-279-4021

Notice 916 (Rev. 12-2000) Catalog Number 12993W

#### Taxable Fuel Inspection Notice

Internal Revenue Code section 4083(c) authorizes officials of the Internal Revenue Service to inspect, examine, or search:

- equipment used or capable of being used for the production, storage, or transportation of fuel, fuel dves, or fuel markers;
- equipment used to determine the amount or composition of taxable fuel;
- equipment used for the dyeing or marking
- containers used or capable of being used for the production, storage, or transportation of fuel, fuel dyes, or fuel markers; and
- books and records kept to determine excise tax liability under Internal Revenue Code section 4081.

Officials may detain any vehicle or train to inspect its fuel propulsion tanks.

Officials may detain any vehicle, train, or marine transport vessel to inspect its fuel cargo storage tanks.

Officials may take and remove samples of fuel to determine the composition of the fuel.

The Internal Revenue Service may fine any person who doesn't allow an authorized inspection. The fine is \$1,000 for each refusal. The fine is in addition to the manufacturer's tax on taxable fuel and the penalty for the misuse of dyed fuel.

'U.S. GPD: 2002-715-016/27613

| West Coast Terminals   |                                 |              |                  |                     |              |  |  |
|--|---------------------------------|--------------|------------------|---------------------|--------------|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency                         |                                 |              |                  |                     |              |  |  |
| Date of Meeting  | 7-8-8                           | Agency       | IRS              |                     |              |  |  |
| Inspector(s) Name  | Lucita Holland                  |              |                  | Telephone No.       | 949-637-5094 |  |  |
| District/Terminal  | West Coast Ter                  | minals       |                  |                     |              |  |  |
| Area/Station/Location  | Portland To                     | rminal       |                  |                     |              |  |  |
| Nature of Inspection: (List any documents ins Visit; she wanted to kn that we dye bio loads. | pected. List docu               | iments surre | ndered. List a   | ny samples tak      | en.          |  |  |
| List any Discrepancies   | Noted, Requests,                | or Suggesti  | ons made by I    | nspector(s): No     | one made.    |  |  |
| None   |                                 |              |                  |                     |              |  |  |
| List any Action To Be  | Taken, Who is re                | sponsible fo | r the action and | d completion d      | ue date:     |  |  |
| None   |                                 |              |                  |                     |              |  |  |
| Citation or NOV Issued<br>(Attach copy) Expecte<br>Reason for Issue:                         | d? Yes or No NO<br>d? Yes or No | No<br>No     | To Whom: N       | I/A                 |              |  |  |
| Form Completed By:   | Tom Lyons                       |              | Title:           | Facility Supervisor |              |  |  |

Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bary Duffin, Bill Collins, others as appropriate

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Driver Receiving

Loaded By

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Hazardous

COPPOR00001795

Received at Destination By



Lucita A. Holland Fuel Compliance Officer ID No. 93-01553 Excise and Fuel Compliance Group

M/S O-145 1220 SW 3rd Avenue Portland, Oregon 97204

Office: 503-326-3240 Cell: 949-637-5094 FAX: 503-326-5079 Email: Lucita.Holland@irs.gov

### Department of the Treasury Internal Revenue Service

801 CIVIC CENTER DR. W STE 200 SANTA ANA, CA 92701

Date: 7/1/2008

CONOCO PHILLIPS COMPANY 5528 NW DOANE AVENUE PORTLAND, OR 97210

Dear CONOCO PHILLIPS COMPANY,

Taxpaver ID #:

73-0400345

5/9/2008 Inspection Date:

Inspection Location: CONOCO PHILLIPS COMPANY

5528 NW DOANE

PORTLAND, OR 97210

Person to Contact: LUCITA A HOLLAND

Fuel Compliance Officer

Employee ID #: Telephone:

93-01553

(949) 637-5094

We are writing to notify you of the results of the fuel inspection we performed on the date shown above. There will be no further contact regarding the reference samples we obtained.

Treasury Regulations Section 48.4082-1. No adverse action will result. The documentation we inspected properly includes the required notification, "Dyed Diesel Fuel, Non-Taxable Use Only,

Penalty for Taxable Use" and/or "Dyed Kerosene, Non-Taxable Use Only, Penalty for Taxable Use". No adverse action will result.

We have analyzed the fuel samples for dye concentration and found them to be in compliance with the requirements of

A legible and conspicuous notice stating "Dyed Diesel Fuel, Non-Taxable Use Only, Penalty For Taxable Use" and/or "Dyed Kerosene, Non-Taxable Use Only, Penalty For Taxable Use" was not present, as required. We have instructed you how to correct the problem. Further non-compliance with this regulation may subject you, as terminal operator, to the remedial actions specified in Treasury Regulations Section 48.4101-1, which may include suspension or revocation of your Form 637 Registration.

Samples drawn during this inspection were found to contain less than the level of dve specified in Treasury Regulation Section 48.4082-1. Therefore, this fuel is fully taxable. You must include this fuel when you next file Form 720, Federal Excise Tax Return. You may no longer use/sell this fuel for any non-taxable purpose without additional corrective action on your part.

The mechanical dye injection system has been inspected. It has been determined that the system has not been tampered with and the security requirements have been maintained. No adverse action will result.

Proof of the vessel's registration was displayed as required. No adverse action will result.

Fuel sample(s) were not drawn during the terminal inspection on this date.

The information in this letter applies only to the inspection performed on the date shown above. If there are other inspections (pending or in the future), we will notify you of those results in a separate letter. If you have any questions about this letter, please contact me at the telephone number shown above.

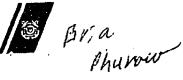
Thank you for your cooperation.

Sincerely,

Sucita A. Holland

--- 2444 /Dav. 40 20061

U.S. Department of Homeland Security United States Coast Guard



Wayne Lau

Marine Science Technician/Pollution Investigator

Sector Portland (IMR) 6767 N Basin Ave. Portland, OR, 97217 Phone: (503)-240-9370 Fax: (503)-240-9308 Wayne.Lau@uscg.mil

| Yellowstone District, Portland Terminal Record of Meeting or Inspection by Regulatory / Environmental Agency |                      |               |                |                     |              |  |
|--|----------------------|---------------|----------------|---------------------|--------------|--|
| Date of Meeting  | 3/30/2008            | Agency        | United St      | ates Coast Guard    | l            |  |
| Inspector(s) Name  | Wayne Lau &          | Brea Phurav   | V              | Telephone<br>No.    | 503-240-9370 |  |
| District/Terminal  | Yellowstone Di       | strict        |                |                     |              |  |
| Area/Station/Location  | Portland T           | erminal       |                |                     |              |  |
| Nature of Inspection:<br>List any documents in   | spected. List doc    | uments surre  | ndered. List   | any samples tak     | en.          |  |
| Responding to sheen f<br>1235 hrs.   | rom outfall 22. S    | atisfied with | response fro   | om SECOR, CCS       | Left site at |  |
|  |                      |               |                |                     |              |  |
| List any Discrepancies   | Noted, Requests      | , or Suggesti | ons made by    | Inspector(s): Six   | x (6)        |  |
| N/A  |                      |               |                |                     |              |  |
|  |                      |               |                |                     |              |  |
|  |                      | ·             |                | · .                 |              |  |
| List any Action To Be  | Taken, Who is re     | sponsible fo  | r the action a | and completion d    | ue date:     |  |
|  |                      |               |                |                     |              |  |
|  |                      |               |                |                     |              |  |
|  |                      |               |                |                     |              |  |
| Citation or NOV Issue  | d? Defension id==1:5 | ed No         | To Whom:       | N/A                 |              |  |
| in following two pages. (Attach copy) Expects  | ed? Yes or No        | No No         |                | 1971                | ę            |  |
| Reason for Issue:  |                      |               |                | ·                   |              |  |
| Form Completed By:   | Tom Lyons            |               | Title:         | Facility Supervisor |              |  |

Scott Spicher, Gary Lefebvre, Steve Kober

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)(DHS

Terri Jones Health Physicist FDA Certified MQSA Inspector Radiation Protection Services 971-673-0497



Oregon

DEPARTMENT OF

HUMAN SERVICES

Public Health Division
Environmental Public Health
800 NE Oregon Street, Ste. 640
Portland, OR 97232
Cell: 503-804-7058
terri.l.jones@state.or.us
Fax: 971-673-0553

Yellowstone District, Portland Terminal Record of Meeting or Inspection by Regulatory / Environmental Agency 3/17/2008 Date of Meeting Oregon Department of Human Services Agency Terri Jones 503-804-7058 Inspector(s) Name Telephone No. District/Terminal Yellowstone District Area/Station/Location Portland Terminal Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken. Three-Year Inspection of X-Ray equipment (Sindie analyzer), maintenance records and training files. List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s): None; report will be forthcoming. List any Action To Be Taken, Who is responsible for the action and completion due date: N/A Citation or NOV Issued? Yes or No No To Whom: N/A No (Attach copy) Expected? Yes or No Reason for Issue: Form Completed By: Title: Tom Lyons **Facility Supervisor** 

Distribute to:

Scott Spicher, Gary Lefebvre, Steve Kober

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### **FAX COVER SHEET**

| Date:                       | 03/03/08  | Sender: Terri Jones |                                    |  |
|-----------------------------|---|---------------------|------------------------------------|--|
| To:                         | Tom Lyons   | Office Name:        | Radiation Protection Services      |  |
| Office Nan                  | ae: Conocophillips                                  | Address:            | 800 NE Oregon Street, Suite<br>640 |  |
| Address:                    |   | City: Portland      |                                    |  |
| State:                      | Zip:  | State: Oregon       | Zip: 97232                         |  |
| Phone No.:                  |   | Phone No.:          | (971)673-0497                      |  |
| Fax No.:                    | 503-248-1522  | Fax No.:            | (971)673-0553                      |  |
|                             |   | Total Pages: 4      |                                    |  |
|                             |   |                     |                                    |  |
| Re:                         | Inspection confirmation                             |                     |                                    |  |
| Re:                         | Inspection confirmation    For review   Please comm | ent Please          | reply Please recycle               |  |
| Urgent Hi Tom, I looked the |   | o be a diffraction  | unit vice a certified cabin        |  |

Please call me if you have any questions.

Edly 3 years

Thanks

Terri

Confidentiality Notice: The information contained in this facsimile may be confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax – except its direct delivery to

DHS 2009 (REV 9/2003)

### INDUSTRIAL INSPECTION CONFIRMATION

This notice confirms our telephone conversation regarding the scheduled inspection.

To: Mr. Tom Lyons

Facility name and location: Conocophillips-Pipeline & Terminal

5528 NW Doane Ave Portland, OR 97210

Facility fax number: 503-248-1522

Date and time of Inspection: March 17th, 2008 @ 9:00 am

Inspector's name: Terri Jones, Health Physicist,

Inspector's office address: DHS - Health Services, Radiation Protection Services

800 NE Oregon, Suite 260, Portland, OR 97232

Inspector's telephone/fax #: (971) 673-0497, fax (971) 673-0553

The inspection will cover the following areas that are covered in OARS 333 Division 108:

- Equipment performance to include:
  - scatter survey performed by inspector
  - warning devices (333-108-0015)
  - ports (333-108-0020)
  - labels (333-108-0025)
  - warning lights (333-108-0035)
  - radiation source housing (333-108-0040)
  - radiation levels (333-108-0101)
  - safety devices (333-108-0010)
  - posting (333-108-0110)
- □ Operating requirements (333-108-0115)
- ☐ Operators training (333-108-0201)
- Personnel monitoring if applicable (333-108-0205)
- □ Radiation protection surveys (333-108-0105)

The average on-site inspection time is approximately one to two hours (depending upon facility's preparedness). Machine testing will take approximately 15 minutes per unit. For the remainder of the time the inspector will review your facility's records. Although staff may conduct their usual duties, one of your staff should remain available to the inspector during the records and equipment review should he or she have questions or need assistance.

For further inspection preparation guidance, you can view the OARS at: www.ohd.hr,state.or,us/rps/



Department of Human Services
Public Health Division
800 NE Oregon Street
Portland, OR 97232-2162
EMERGENCY (971) 673-0515
Voice (971) 673-0497
FAX (971) 673-0553
TTY (503) 731-4031

March 20, 2008

ConocoPhillips Pipe Line Company 5528 NW Doane Ave Portland, OR 97210 Attn Tom Lyons



Dear, Mr. Lyons:

On March 17<sup>th</sup>, 2008 your facility was surveyed for compliance with the State of Oregon Rules for the Control of Radiation. At that time no items of noncompliance were found. Please see the enclosed report.

The inspection consisted of selective examinations of procedures and representative records, interviews with personnel and observations made by the inspector.

Should you have questions concerning this inspection, this office will be pleased to discuss them with you.

Sincerely,

Terri Jones, Health Physicist

DHS - Health Services

Radiation Protection Services

Terri.l.jones@state.or.us

TJ Facility ID 8613

Inspection Findings
DHS - Oregon Health Services
Radiation Protection Services
800 NE Oregon, Suite 260
Portland, Oregon 97232

|     | ~~~ |  | W Tree |  |
|-----|-----|--|--------|--|
| REC | 218 | $\mathbf{I} \mathbf{R} \mathbf{\Lambda}$ | N .    |  |
|     |     |  |        |  |

ConocoPhillips Pipe Line Company 5528 NW Doane Ave

Portland, OR 97210

**REGISTRANT #8613** 

DATE OF INSPECTION:

March 17, 2008

Your facility has received a ALL items in compliance rating, and we congratulate you on this outstanding accomplishment. We commend you for the effort and attention you and your staff has put into developing an exceptional Radiation Safety Program.

Oregon Administrative Rules (OARs) can be found on the Web at www.ohd.hr.state.or.us/rps/

Inspector's Signature



# City of Portland, Oregon Bureau of Development Services



George Foster

Motor Fuel Inspections
Oregon Department of Agriculture
503-860-4161

1900 SW 4th Avenue, Suite 5000, Portland, OR 97201 FAX 503-823-5630 • TTY 503-823-6868

| Yellowstone District, Portland Terminal                              |   |               |                            |                                       |                 |  |  |  |
|--|---|---------------|----------------------------|---------------------------------------|-----------------|--|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency |   |               |                            |                                       |                 |  |  |  |
| Date of Meeting  | 3/17/2008   | Agency        | Oregon Dep<br>Fule Inspect |                                       | iculture, Motor |  |  |  |
| Inspector(s) Name  | George Foster   |               |                            | Telephone<br>No.                      | 503-860-4161    |  |  |  |
| District/Terminal  | Yellowstone Di  | strict        |                            |                                       |                 |  |  |  |
| Area/Station/Location  | Portland T  | erminal       |                            |                                       |                 |  |  |  |
|  | Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken. |               |                            |                                       |                 |  |  |  |
| Take quarterly samples   | from temporary  | biodiesel tan | c (3 quarts).              |                                       |                 |  |  |  |
|  |   |               |                            |                                       |                 |  |  |  |
| List any Discrepancies   | Noted, Requests   | or Suggestic  | ns made by In              | spector(s):                           |                 |  |  |  |
| , <i>S.</i> (3. (4. (4. (4. (4. (4. (4. (4. (4. (4. (4               |   | ,             |                            |                                       |                 |  |  |  |
| None; report will be for   | thcoming.   |               |                            |                                       |                 |  |  |  |
|  |   | <del></del>   |                            | <del></del>                           |                 |  |  |  |
| List any Action To Be  | raken, Who is re  | sponsible for | the action and             | d completion d                        | ue date:        |  |  |  |
|  | ·   |               |                            |                                       |                 |  |  |  |
| N/A  |   |               |                            | · · · · · · · · · · · · · · · · · · · |                 |  |  |  |
|  |   |               |                            |                                       |                 |  |  |  |
| Citation or NOV Issued   | 7 Vesor No  | No            | Γο Whom: N                 | /A                                    |                 |  |  |  |
| H  | d? Yes or No  | No            |                            |                                       |                 |  |  |  |
|  |   |               |                            |                                       |                 |  |  |  |
| Form Completed By:   | Tom Lyons   |               | Title: 1                   | Facility Supervisor                   |                 |  |  |  |

Scott Spicher, Gary Lefebvre, Steve Kober

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| Yellowstone District, Portland Terminal Record of Meeting or Inspection by Regulatory / Environmental Agency |                              |               |                  |                    |              |  |
|--|------------------------------|---------------|------------------|--------------------|--------------|--|
| Date of Meeting  | 1/16/08                      | Agency        | Coast Guard      |                    |              |  |
| Inspector(s) Name  | Malcolm Mere                 | edith         |                  | Telephone<br>No.   | 949-637-5094 |  |
| District/Terminal  | Yellowstone D                | istrict       |                  |                    |              |  |
| Area/Station/Location  | Portland T                   | erminal       |                  |                    |              |  |
| Nature of Inspection: (List any documents ins<br>Resonnse to reported si                                     | pected. List doc             | uments surre  | ndered. List an  |                    |              |  |
| List any Discrepancies   | Noted, Requests              | , or Suggesti | ons made by In   | spector(s):        |              |  |
| None   |                              |               |                  |                    |              |  |
|  |                              |               |                  |                    |              |  |
| List any Action To Be  | Taken, Who is re             | sponsible fo  | r the action and | completion d       | lue date:    |  |
| N/A  |                              |               |                  |                    |              |  |
|  | grant to                     |               |                  | ,                  |              |  |
|  |                              |               |                  | •                  |              |  |
| Citation or NOV Issued<br>(Attach copy) Expecte<br>Reason for Issue:   | d? Yes or No<br>d? Yes or No | No<br>No      | To Whom: N/      | A                  |              |  |
| Form Completed By:   | Tom Lyons                    |               | Title: F         | acility Supervisor |              |  |

Scott Spicher, Gary Lefebvre, Steve Kober

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| Yellowstone District, Portland Terminal Record of Meeting or Inspection by Regulatory / Environmental Agency |                        |               |                 |                    |              |  |
|--|------------------------|---------------|-----------------|--------------------|--------------|--|
| Date of Meeting  | 1/18/08                | Agency        | Oregon DEC      | 2 & City of Po     | rtland BES   |  |
| Inspector(s) Name  | Tom Rosetta (<br>(BES) | DEQ) & Tim    | othy Dean       | Telephone<br>No.   | 503-823-5537 |  |
| District/Terminal  | Yellowstone D          | istrict       |                 |                    |              |  |
| Area/Station/Location  | Portland T             | erminal       |                 |                    |              |  |
| Nature of Inspection: (I List any documents insp<br>Inspection of terminal's results.                        | ected. List doc        | uments surrei | ndered. List ar | ny samples tak     | en.          |  |
| List any Discrepancies I   |                        |               |                 | spector(s):        |              |  |
|  |                        |               |                 |                    |              |  |
| List any Action To Be 7  | aken, Who is re        | sponsible for | the action and  | completion d       | ue date:     |  |
| Create annual SAP PM   | (Kim Huizenga          | & Tom Lyon    | s). Due date 2  | /1/2008.           |              |  |
| Citation or NOV Issued   |                        | No<br>No      | To Whom: No     | /A                 |              |  |
| (Attach copy) Expected Reason for Issue:   | ? Yes or No            | 110           |                 |                    | JI.          |  |
| Form Completed By:   | Tom Lyons              |               | Title: F        | acility Supervisor |              |  |

Scott Spicher, Gary Lefebvre, Steve Kober

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| Yellowstone District, Portland Terminal  |   |   |  |                                   |                           |
|--|---|---|--|-----------------------------------|---------------------------|
| Record of Me   | eting or Insp                                   | ection by Re  | gulatory / F                                   | Environmen                        | tal Agency                |
| Date of Meeting  | 2/14/08   | Agency  | United State                                   | s Coast Guard                     |                           |
| Inspector(s) Name  | MSTJoseph (<br>Leinweber                        | Graun, and MS                                       | Г Jody   | Telephone<br>No.                  | 503-240-9333              |
| District/Terminal  | Yellowstone [                                   | District  |  |                                   |                           |
| Area/Station/Location  | Portland 7                                      | l'erminal   |  |                                   |                           |
|  | <u> </u>  |   |  |                                   |                           |
| Nature of Inspection: (I<br>List any documents insp<br>Annual review of MTR<br>hoses & lines & security<br>Tom Lyons and Gary Lo | ected. List doc<br>& MTSA. Inc<br>equipment, in | cuments surren<br>luded: FSP, FR<br>spection of tan | dered. List ar<br>P, USCG Ope<br>k farm #2 and | ny samples take<br>erations Manua | en.<br>al, Maintenance of |
| List any Discrepancies   | Noted, Request                                  | s, or Suggestio                                     | ns made by In                                  | spector(s): Six                   | (6)                       |
| See following two page   | S.  |   |  |                                   |                           |
|  | ,   |   |  |                                   |                           |
|  |   | <del></del>   | <del></del>                                    |                                   |                           |
|  |   |   |  |                                   |                           |
| List any Action To Be  | aken, Who is r                                  | esponsible for                                      | the action and                                 | completion d                      | ue date:                  |
| Tom Lyons, Gary Lefeb  | vre, Al Cantu,                                  | Jennifer Amara                                      | al Completion                                  | on date 2/28/20                   | 800                       |
| ·  | <u>,</u>  | -   |  |                                   |                           |
|  |   | ·   |  | <del> </del>                      | -                         |
|  |   |   | <del></del>                                    |                                   |                           |
| Citation or NOV Issued following two pages. (Attach copy) Expected Reason for Issue:   | ? Defencies identi                              | fied in Yes<br>No                                   | To Whom: N                                     | A                                 |                           |
| Form Completed By:   | Tom Lyons                                       |   | Title: F                                       | acility Supervisor                |                           |

Scott Spicher, Gary Lefebvre, Bill Collins as appropriate

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Captain of the Port United States Coast Guard 6767 - North Basin Avenue Portland, OR 97217 Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-2586

### **Facility Examination Report**

| Facility Name  | FILLIPS A   |   | ity ID Number (FIN)<br>PD X 20058  |
|--|---|---|--|
| Type of Inspection: (Bulk  | Liquid Bulk Solid   |   | ckaged Other: 154  |
| Type of Facility: Wa   | terfront Facility   | Mobile Facility   | Facility of Particular Hazard  |
| MISLE Case Number  | Total Number of deficiencies found:                             | Date by which al<br>deficiencies must                                       | l identified<br>t be corrected: 28 FEB 2008  |
| Regulation   | 1   | Nature of Deficiency  | Cleared<br>(CG use on  |
| ) <u>33CFR154.110</u>  | The Facility  | ent plats   | ? They   |
| Koul   | Lotter of Lot<br>and facility, T<br>The facility or<br>2-15-08. | int to include the correct LOI partor. Email                                | ed to J. Grain   |
| ) 33CFR 154.1626   | The falter  | most de agaste a (<br>Os in both The<br>efectify must de<br>letter for each | e FRP ma   |
| ) <u>41-668 (51,45-26</u>  |   | B. Tr MISLATT A   | NS DE NOT CORFIZM  |
|  |   |   | · · · · · · · · · · · · · · · · · · ·  |
|  |   | FROS  |  |
| )  | · · · · · · · · · · · · · · · · · · ·                           |   |  |
| d any additional pages that may be<br>ficiencies identified, request an exte | attached. You also acknowledgession or submit a request for alt | ge you have thirty days from the emative compliance, as describ             | derstand the deficiencies identified on this p<br>the date of this examination to either correct<br>bed on the reverse side of this form. Deficien<br>aptain of the Port and they are approv |
|  | 1   |   | 1 21 . 2   |
| AST 2 SOSF PH GRAUN  acility-Representative (Please Print)                   | Signature 1   | Lee dian  | THE 2008 THO FAMITY WEN  |

J. Filinging and an the healt of this from



Captain of the Port United States Coast Guard 6767 - North Basin Avenue Portland, OR 97217 Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-2586

## Facility Examination Report

| (OND(O   | PHILLIPS  | MISA  | j  | Facility ID Number<br>PDX 2005  |   |    |
|--|---|---|--|---|---|----|
| Type of Inspection:  | Bulk Liquid   | Bulk Solid  | Liquefied Gas  | Packaged  | Other: 105  |    |
| Type of Facility:  | Waterfront Facil  | ity   | Mobile Facility  |   | ility of Particular Hazard  |    |
| MISLE Case Number  | Total Number of deficiencies for  |   | Date by v<br>deficienci  | hich all identified<br>es must be corrected                           | : 28 FEBOT  |    |
| Regulation   |   |   | lature of Deficien   | •   | Cleared (CG use only)   |    |
| 1) 33 CFR 105 (1   | b)(2) <u>The</u>  | harlity on  | j-t mantai   | 17 1/210.   | <del></del>   |    |
| All new conticu  | control the   | rds with<br>Training.<br>on whilt   | Corrent of testing was   | <u>ccords an</u><br>ccords and cle                                    | <u>3†</u> []<br><u>c 2 y †</u><br><u>d</u>  |    |
| 2) 33CFR105.   |   | is I And  | H. Ody oc  | cannel wit  |   | 00 |
| 3) 33 (FR 105, 25  | <u>1636</u>   | trality ,<br>for Mors   | contestable contestable as testable  | sh a Sire   | ed Ther   | 15 |
| •  |   |   |  |   |   |    |
| 4)   |   |   | · · · · · · · · · · · · · · · · · · ·                                      |   | ·   |    |
| 5)   |   | 10  | EFLAS  |   |   |    |
| Your signature below indicted and any additional pages the deficiencies identified, requestre considered corrected Facility Examiner (Please Prince) | nat may be attached. You est an extension or submit once you have submit.)                      | a copy of this exa<br>also acknowledg<br>it a request for alte                    | mination report and y<br>e you have thirty days<br>crnative compliance, as | from the date of the described on the rest the Captain of the Date of | deficiencies identified on this page-<br>is examination to either correct the<br>verse side of this form. Deficiencies<br>e Port and they are approved. |    |
| Your signature below indice and any additional pages the lesticiencies identified, requestre considered corrected.                                   | iat may be attached. You est an extension or submit once you have submit once you have submit.) | a copy of this exa<br>also acknowledg<br>it a request for alte<br>nitted proof of | mination report and y<br>e you have thirty days<br>crnative compliance, as | from the date of the described on the rest the Captain of the Date of | is examination to either correct the<br>verse side of this form. Deficiencies<br>e Port and they are approved.  |    |

#### Department of the Treasury Internal Revenue Service

801 CIVIC CENTER DR. W STE 200 SANTA ANA, CA 92701

Date: 1/28/2008

CONOCO PHILLIPS COMPANY 5528 NW DOANE AVENUE PORTLAND, OR 97210

Taxpayer ID #:

73-0400345

Inspection Date:

1/24/2008

Inspection Location: CONOCO PHILLIPS COMPANY

5528 NW DOANE AVENUE

PORTLAND, OR 97210

Person to Contact: LUCITA A HOLLAND

Title:

Fuel Compliance Officer

Employee ID #:

93-01553

Telephone:

(925) 279-4021

Dear CONOCO PHILLIPS COMPANY,

|   | There will be no further contact regarding the reference samples we obtained.   |
|---|---|
|   | We have analyzed the fuel samples for dye concentration and found them to be in compliance with the requirements of Treasury Regulations Section 48.4082-1. No adverse action will result.  |
| Ø | The documentation we inspected properly includes the required notification, "Dyed Diesel Fuel, Non-Taxable Use Only, Penalty for Taxable Use" and/or "Dyed Kerosene, Non-Taxable Use Only, Penalty for Taxable Use". No adverse action will result. |

We are writing to notify you of the results of the fuel inspection we performed on the date shown above.

A legible and conspicuous notice stating "Dyed Diesel Fuel, Non-Taxable Use Only, Penalty For Taxable Use" and/or "Dyed Kerosene, Non-Taxable Use Only, Penalty For Taxable Use" was not present, as required. We have instructed you how to correct the problem. Further non-compliance with this regulation may subject you, as terminal operator, to the remedial actions specified in Treasury Regulations Section 48.4101-1, which may include suspension or revocation of your Form 637 Registration.

Samples drawn during this inspection were found to contain less than the level of dye specified in Treasury Regulation Section 48.4082-1. Therefore, this fuel is fully taxable. You must include this fuel when you next file Form 720, Federal Excise Tax Return. You may no longer use/sell this fuel for any non-taxable purpose without additional corrective action on your part.

The mechanical dye injection system has been inspected. It has been determined that the system has not been tampered with and the security requirements have been maintained. No adverse action will result.

Proof of the vessel's registration was displayed as required. No adverse action will result.

Fuel sample(s) were not drawn during the terminal inspection on this date.

The information in this letter applies only to the inspection performed on the date shown above. If there are other inspections (pending or in the future), we will notify you of those results in a separate letter. If you have any questions about this letter, please contact me at the telephone number shown above.

Thank you for your cooperation.

Queita A. Holland

COPPOR00001813

AGENCY VISITS 2007

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|   | Yellowstone                | District, I  | Portland Terr    | ninal             |              |
|---|----------------------------|--------------|------------------|-------------------|--------------|
| Record of Mee   | ting or Inspec             | tion by Re   | egulatory / Er   | avironment:       | al Agency    |
| Date of Meeting   | 10/16/07                   | Agency       | Federal IRS      |                   |              |
| Inspector(s) Name   | Lucita Holland             |              |                  | Telephone<br>No.  | 949-637-5094 |
| District/Terminal   | Yellowstone Di             | strict       |                  |                   |              |
| Area/Station/Location   | Portland To                | erminal      |                  |                   |              |
| Nature of Inspection: (<br>List any documents ins<br>Quarterly Inspection |                            |              |                  |                   |              |
| List any Discrepancies  | Noted, Requests,           | or Suggesti  | ons made by In   | spector(s):       |              |
| List any Action To Be   | Taken, Who is re           | sponsible fo | r the action and | completion d      | uc date:     |
|   | ? Yes or No<br>? Yes or No | No<br>No     | To Whom: N/      | ٨                 |              |
| Reason for Issue:   |                            |              |                  |                   |              |
| Form Completed By:  | Vito DeBellis              |              | Title: C         | oordinator of Ope | erations     |

Scott Spicher, Gary Lefebvre, Steve Kober

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Lucita Holland iD# 93-01553 185 Lennon Lane Wahut Creek, CA 94598 949-637-5094-cell 925-279-4021

#### **Taxable Fuel Inspection Notice**

Internal Revenue Code section 4083(c) authorizes officials of the Internal Revenue Service to inspect, examine, or search:

- equipment used or capable of being used for the production, storage, or transportation of fuel, fuel dyes, or fuel markers;
- equipment used to determine the amount or composition of taxable fuel;
- equipment used for the dyeing or marking of fuel;
- containers used or capable of being used for the production, storage, or transportation of fuel, fuel dyes, or fuel markers; and
- books and records kept to determine excise tax liability under Internal Revenue Code section 4081.

Officials may detain any vehicle or train to inspect its fuel propulsion tanks.

Officials may detain any vehicle, train, or marine transport vessel to inspect its fuel cargo storage tanks.

Officials may take and remove samples of fuel to determine the composition of the fuel.

The Internal Revenue Service may fine any person who doesn't allow an authorized inspection. The fine is \$1,000 for each refusal. The fine is in addition to the manufacturer's tax on taxable fuel and the penalty for the misuse of dyed fuel.

### **Department of the Treasury** Internal Revenue Service

801 CIVIC CENTER DR. W STE 200 SANTA ANA, CA 92701

Date: 11/19/2007

CONOCO PHILLIPS COMPANY 5528 NW DOANE

PORTLAND, OR 97210

Taxpayer ID #:

73-0400345

Inspection Date:

10/15/2007

Inspection Location: CONOCO PHILLIPS COMPANY

5528 NW DOANE

PORTLAND, OR 97210

Person to Contact: LUCITA A HOLLAND

Title:

Fuel Compliance Officer

Employee ID #:

93-01553

Telephone:

(925) 279-4021

| Dear ( | CONOCO PHILLIPS COMPANY,  |
|--------|---|
| We an  | e writing to notify you of the results of the fuel inspection we performed on the date shown above.   |
|        | There will be no further contact regarding the reference samples we obtained.   |
|        | We have analyzed the fuel samples for dye concentration and found them to be in compliance with the requirements of Treasury Regulations Section 48.4082-1. No adverse action will result.  |
|        | The documentation we inspected properly includes the required notification, "Dyed Diesel Fuel, Non-Taxable Use Only, Penalty for Taxable Use" and/or "Dyed Kerosene, Non-Taxable Use Only, Penalty for Taxable Use". No adverse action will result.   |
|        | A legible and conspicuous notice stating "Dyed Diesel Fuel, Non-Taxable Use Only, Penalty For Taxable Use" and/or "Dyed Kerosene, Non-Taxable Use Only, Penalty For Taxable Use" was not present, as required. We have instructed you how to correct the problem. Further non-compliance with this regulation may subject you, as terminal operator, to the remedial actions specified in Treasury Regulations Section 48.4101-1, which may include suspension or revocation of your Form 637 Registration. |
|        | Samples drawn during this inspection were found to contain less than the level of dye specified in Treasury Regulation Section 48.4082-1. Therefore, this fuel is fully taxable. You must include this fuel when you next file Form 720, Federal Excise Tax Return. You may no longer use/sell this fuel for any non-taxable purpose without additional corrective action on your part.   |
|        | The mechanical dye injection system has been inspected. It has been determined that the system has not been tampered with and the security requirements have been maintained. No adverse action will result.  |
|        | Proof of the vessel's registration was displayed as required. No adverse action will result.  |
|        | Fuel sample(s) were not drawn during the terminal inspection on this date.  |
| (pendi | formation in this letter applies only to the inspection performed on the date shown above. If there are other inspections ng or in the future), we will notify you of those results in a separate letter. If you have any questions about this letter, please t me at the telephone number shown above.   |
| Thank  | you for your cooperation.   |

Sincerely, Sucita A. Holland



#### CITY OF

### PORTLAND, OREGON

**PORTLAND FIRE & RESCUE** 

9054

Erik Sten, Commissioner of Public Works
David S. Sprando, Chief
1300 SE Gideon Street
Portland, Oregon 97202-2419
(503) 823-3700
FAX (503) 823-3969

October 4, 2007

CONOCO PHILLIPS
Attn: THOMAS LYONS
5528 NW DOANE AV
PORTLAND, OR 97210-3608

Re: 5528 NW DOANE AV - CONOCO PHILLIPS

Facility ID:

9023

On September 26, 2007, an inspector from this office conducted a fire prevention inspection at the above address. Your copy of the inspection report is enclosed.

Please note a reinspection will be made on or after November 5, 2007. Also note information on the back of the report regarding extensions and appeals.

If you have any questions regarding this matter, please contact me, weekdays at (503) 823-3934.

Sincerely,

/s/Robert Happel

Robert Happel Fire Inspector

RH

**Enclosure: Inspection Report** 

### TIME EXTENSIONS TO ABATE HAZARD

Where unnecessary hardship or consequence or practical difficulties may result from immediate compliance with an order of the inspecting officer, the Fire Marshal may grant a reasonable extension of time to abate a hazard, provided in the judgement of the Fire Marshal, life or property is not unduly placed at risk by this action. Requests must be made prior to the scheduled reinspection date. Contact the inspecting officer or their supervisor to request an extension. Fax and telephone numbers can be found on the front of this form or by referring to the inspecting officer's business card for their direct dial telephone or email address.

## PROCESS TO APPEAL A NOTICE, ORDER OR ACTION OF THE FIRE MARSHAL

The Fire Marshal has established an administrative appeals process to consider requests for alternatives to adopted fire regulations. You must file a Notice of Appeal not later than ten days after the notice, order or action of the Fire Marshal. You may serve Notice of Appeal by completing an appeal form; include the applicable "Violation Code", Description including Comments, proposed alternate design and reason for alternative. Submit the appeal form and filing fee of \$200 to Portland Fire & Rescue main office at 55 SW Ash Street. Contact your Fire Inspector or call 503-823-3700 if you need assistance completing the form.

Upon receipt of the appeal request, a member of the Fire Marshal's senior staff reviews it for completeness, and presents a brief, comprehensive overview of the question and issues to an Administrative Board. The Board consists of the Fire Marshal, Deputy Chief Emergency Operations, Deputy Chief Fire Marshal, Supervising Engineer and all Senior Inspectors. Decisions are reached by consensus, recorded and mailed to appellants. Our goal is to conduct this meeting no more than 10 days after receiving the application. Appellants not satisfied with the administrative action may request a hearing by the Board of Appeals; a quasi-judicial body empowered by the Mayor to hear fire code appeals.

Appeal forms are available from your Fire Inspector, from the Fire Bureau Administrative office, or on the web site, http://www.bds.ci.portland.or.us\prp\appeals\default.asp. At the web site, click on Services then Permits and Forms then Downloadable Forms.



## CITY OF PORTLAND BUREAU OF FIRE, RESCUE AND EMERGENCY SERVICES FIRE PREVENTION DIVISION

1300 SE GIDEON STREET
PORTLAND, OREGON 97202-2419
PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-4415



### FIRE INSPECTION REPORT

Facility #:

9023

Building Name:

MAIN OFFICE AND WAREHOUSE

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

VIOLATION(S) MUST BE CORRECTED IMMEDIATELY. A \$20 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL INSPECTION.

| Туре | Date       | Viol Code | Description   | Abate Date | Comments   |
|------|------------|-----------|---|------------|--|
| R    | 09/26/2007 | (1) N06   | PROVIDE PERMANENT SIGNAGE "SPRINKLER ROOM", "ELECTRICAL ROOM", "MECHANICAL ROOM", OR "ALARM PANEL" AS NECESSARY TO INDICATE LOCATION. | ક          | PROVIDE SIGN TO IDENTIFY LOCATION OF SPRINKLER CONTROLS, AND PAINT FLOOR TO IDENTIFY CORRIDOR TO CONTROLS. |
|      |            | -         |   |            | The ten  |

Facility #: 9054

Building Name: BOILER / TEST ROOM

Business Name: CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

| Type | Date       | Viol Code | Description   | Abate Date | Comments   |
|------|------------|-----------|---|------------|--|
| R    | 09/26/2007 | (1) N06   | PROVIDE PERMANENT SIGNAGE "SPRINKLER ROOM", "ELECTRICAL ROOM", "MECHANICAL ROOM", OR "ALARM PANEL" AS NECESSARY TO INDICATE LOCATION. | dom        | PROVIDE SIGN FOR DOOR OF BUILDING STATING "FIRE ALARM PANEL INSIDE." |
|      |            | (2) A99   | FIRE ALARM SYSTEMS "OTHER" CODE   | Jour       | PROVIDE FIRE ZONE MAP FOR ALARM PANEL.                               |

A Reinspection will be made on or after 11/05/2007 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$100.00 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$100.00 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$100.00 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

Mailed

CONOCO PHILLIPS / (503) 248-1538

by

HAPPEL, ROBERT / (503) 823-3934

**BUS. OWNER/AGENT NAME & PHONE** 

FIRE INSPECTOR

A bill summarizing the fees associated with this inspection will be mailed to you.

10/04/2007



#### **CITY OF**

#### PORTLAND, OREGON

PORTLAND FIRE & RESCUE

Erik Sten, Commissioner of Public Works
David S. Sprando, Chief
1300 SE Gideon Street
Portland, Oregon 97202-2419
(503) 823-3700
FAX (503) 823-3969

October 4, 2007

CONOCO PHILLIPS

Attn: THOMAS LYONS 5528 NW DOANE AV

PORTLAND, OR

97210-3608

Re: 5528 NW DOANE AV -- CONOCO PHILLIPS

Facility ID:

9071

9095

9108

37162

37163

45400 454

45407

45408

On September 26, 2007, an inspector from this office conducted a fire prevention inspection at the above address. Your copy of the inspection report is enclosed.

If you have any questions regarding this matter, please contact me, weekdays at (503) 823-3934.

Sincerely,

/s/Robert Happel Robert Happel Fire Inspector

RH

Enclosure: Inspection Report



#### CITY OF PORTLAND BUREAU OF FIRE, RESCUE AND EMERGENCY SERVICES FIRE PREVENTION DIVISION

1300 SE GIDEON STREET PORTLAND, OREGON 97202-2419 PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-4415



#### FIRE INSPECTION REPORT

Facility #:

9071

**Building Name:** 

MAINTENANCE SHOP

Business Name:

**CONOCO PHILLIPS** 

Business Address: 5528 NW DOANE AV

VIOLATION(S) MUST BE CORRECTED IMMEDIATELY. A \$20 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL INSPECTION.

Viol Code Description Abate Date Comments 09/26/2007 NO HAZARDS NOTED ON THIS DATE. Facility #: 9108

Building Name: LUBE LOADING RACK
Business Name: CONOCO PHILLIPS
Business Address: 5528 NW DOANE AV

 Type
 Date
 Viol Code
 Description
 Abate Date Comments

 R
 09/26/2007
 NO HAZARDS NOTED ON THIS DATE.

Facility #:

37163

Building Name: FUEL LOADING

Business Name: CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

| Type | Date       | Viol Code | Description | Abate Date Comments            |
|------|------------|-----------|-------------|--------------------------------|
| R    | 09/26/2007 |           |             | NO HAZARDS NOTED ON THIS DATE. |

Building Name: FUELING DOCK

Business Name: CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

| Type | Date       | Viol Code Description | Abate Date Comments            |
|------|------------|-----------------------|--------------------------------|
| R    | 09/26/2007 |                       | NO HAZARDS NOTED ON THIS DATE. |

|   | Yellowstone        | District, P    | ortland Teri      | minal                                 |               |
|---|--------------------|----------------|-------------------|---------------------------------------|---------------|
| Record of Med                                     | eting or Inspec    | ction by Re    | gulatory / E      | nvironment                            | al Agency     |
| Date of Meeting                                   | 4/27/07            | Agency         | United State      | s Coast Guard                         |               |
| Inspector(s) Name                                 | Alan Bral          |                |                   | Telephone<br>No.                      | 503-240-9311  |
| District/Terminal                                 | Yellowstone Di     | strict         |                   |                                       |               |
| Area/Station/Location                             | Portland T         | erminal        |                   |                                       |               |
|   |                    |                |                   |                                       |               |
| Nature of Inspection: (<br>List any documents ins |                    |                |                   |                                       |               |
| Unanounced visit asked                            | d to look at our q | uarterly secu  | rity drills and l | ooked at our c                        | amera system. |
|   |                    |                |                   |                                       |               |
|   |                    |                |                   | · · · · · · · · · · · · · · · · · · · |               |
|   |                    |                |                   |                                       |               |
| List any Discrepancies                            |                    | , or Suggestic | ons made by In    | spector(s):                           |               |
| No discrepancies were                             | noted.             |                |                   |                                       |               |
|   |                    |                |                   |                                       |               |
|   |                    |                |                   |                                       |               |
| T'an and Andrew To De                             | T 1 1171 '         | 211            | .1                |                                       |               |
| List any Action To Be                             | Taken, who is re   | sponsible for  | the action and    | completion a                          | ue date:      |
| IVA   | ·                  |                | -                 |                                       |               |
|   |                    |                |                   |                                       |               |
|   |                    |                |                   |                                       |               |
| Citation or NOV Issued                            | d? Vecor No        | No             | To Whom: N/       | Ä                                     |               |
|   | d? Yes or No       | No             |                   |                                       |               |
|   |                    |                |                   |                                       |               |
| Form Completed By:                                | Vito DeBellis      | ·              | Title: C          | coordinator of Ope                    | umtions       |
| rom completed by.                                 | A 110 DCDCHI2      |                | Inte. C           | oordinator of Ope                     | Tations       |

Distribute to:

Scott Spicher, Gary Lefebvre, Steve Kober

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Rev: 10-27-98



Captain of the Port United States Coast Guard 6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

#### **Facility Examination Report**

| Facility Name   |   |   | Facility ID Num   | ber (FIN)   |
|---|---|---|---|---|
|   | PHILLIPS  |   | 1 PDX   | 20058   |
|   | Bulk Liquid Bulk Sc   |   |   | Other:  |
| Type of Facility:   | Waterfront Facility   | Mobile Fa   | وكالأستستيين المتابات بأناساب                           | acility of Particular Hazard  |
| PS Case Number  | Total Number of deficiencies found:                             | Da<br>def   | te by which all identified<br>iclencies must be correct | ed:   |
| Regulation 1)   | No De   | Nature of Det   | ·   | Cleared<br>(CG use only)  |
|   |   |   |   |   |
| 2)  |   |   |   |   |
|   |   |   |   |   |
| 3)  |   |   |   |   |
| 4)  |   |   |   |   |
| 5)  |   |   |   |   |
|   |   |   |   |   |
| and any additional pages that n<br>deficiencies identified, request a | nay be attached. You also ack<br>an extension or submit a reque | knowledge you have thirt<br>est for alternative complia | y days from the date of<br>nce, as described on the     | ne deficiencies identified on this page<br>f this examination to either correct the<br>reverse side of this form. Deficiencie<br>the Port and they are approved |
| Facility Examiner (Please Print) MST 1 Alan Bra                       | Signa /   | ture  |   | e of Inspection   |
| Facility Representative (Please Pr                                    | int) Signal   | mre // LIA  | Title Title   | SPC SUE.  |
|   |   | Page 1 of   |   | /   |

| Portland Terminal Record of Meeting or Inspection by Regulatory / Environmental Agency  |                              |                |              |                   |             |  |  |  |
|---|------------------------------|----------------|--------------|-------------------|-------------|--|--|--|
| Date of Meeting   |                              |                |              |                   |             |  |  |  |
| Inspector(s) Name   | Fire Station #6              |                |              | Telephone<br>No.  | ,           |  |  |  |
| District/Terminal   | Yellowstone                  |                | <del></del>  | •                 |             |  |  |  |
| Area/Station/Location   | Portland To                  | erminal        |              |                   |             |  |  |  |
|   | <u></u>                      |                |              |                   |             |  |  |  |
| Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken. |                              |                |              |                   |             |  |  |  |
| A crew from Portland annual inspection of ou  |                              |                |              |                   | perform the |  |  |  |
| Tom Lyons represented   | I COP.                       |                |              |                   |             |  |  |  |
| List any Discrepancies  | Noted, Requests              | , or Suggestio | ns made by   | Inspector(s): N   | one made.   |  |  |  |
| No discrepancies found  | l or noted.                  |                |              |                   |             |  |  |  |
| List any Action To Be   | Taken, Who is re             | sponsible for  | the action a | nd completion o   | lue date:   |  |  |  |
| None  |                              |                |              |                   | :           |  |  |  |
| Citation or NOV Issued (Attach copy) Expecte  | d? Yes or No<br>d? Yes or No | No<br>No       | To Whom:     | N/A               |             |  |  |  |
| Reason for Issue:   |                              |                |              |                   |             |  |  |  |
|   |                              |                |              |                   |             |  |  |  |
| Form Completed By:  | Carrie Wildin                |                | Title:       | Terminal Supervis | or          |  |  |  |

Distribute to: Scott Spicher, Gary Lefebvre (Lubes Supervisor), Shawn Gilfillan

| Portland Terminal  |                           |                                       |                   |                    |                                       |  |  |  |
|--|---------------------------|---------------------------------------|-------------------|--------------------|---------------------------------------|--|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency |                           |                                       |                   |                    |                                       |  |  |  |
| Date of Meeting  | September                 | Agency                                | Department        | of Homeland        | Security                              |  |  |  |
|  | 15, 2006                  |                                       |                   | ·                  |                                       |  |  |  |
| Inspector(s) Name  | Glen Collins              |                                       |                   | Telephone          | 503-250-2815                          |  |  |  |
|  | 1001 SW 5 <sup>th</sup> A |                                       | 20, Portland      | No.                |                                       |  |  |  |
|  | Glen.Collins@             | dns.gov                               |                   | <u>L </u>          |                                       |  |  |  |
| District/Terminal  | Yellowstone               |                                       |                   |                    |                                       |  |  |  |
| Area/Station/Location  | Portland To               | erminal                               |                   |                    |                                       |  |  |  |
|  |                           |                                       |                   |                    |                                       |  |  |  |
| Nature of Inspection: (  | (Identify files, pla      | ns, PTO's, f                          | acilities, equipr | nent, etc. insp    | ected)                                |  |  |  |
| List any documents ins   |                           |                                       |                   |                    |                                       |  |  |  |
| Glen Collins with the I  | <b>A</b>                  |                                       | •                 |                    |                                       |  |  |  |
| September 15, 2006. (  |                           |                                       |                   |                    |                                       |  |  |  |
| Asset Database and to  |                           |                                       |                   |                    |                                       |  |  |  |
| assist in any security ty<br>vulnerability assessmen                 |                           |                                       |                   |                    |                                       |  |  |  |
| his help with vulnerabi  |                           |                                       | -                 |                    |                                       |  |  |  |
| infrastructure shortfalls  |                           |                                       |                   | g tor any seed     | Tity Teluted                          |  |  |  |
| List any Discrepancies   |                           |                                       |                   | spector(s): N      | one made.                             |  |  |  |
| No discrepancies noted   | as an inspection          | was not the                           | nature of his v   | isit.              |                                       |  |  |  |
| List any Action To Be  | Taken, Who is re          | sponsible fo                          | r the action and  | completion of      | lue date:                             |  |  |  |
| Update the National A  | sset Database and         | return to G                           | len – Carrie Wi   | ildin              |                                       |  |  |  |
| Consider involving Gle   |                           |                                       |                   |                    | nce with a                            |  |  |  |
| facility vulnerability as  | sessment Al C             | antu/Rob Ya                           | arbrough          |                    |                                       |  |  |  |
| Citation or NOV Issued   |                           | No                                    | To Whorn: N       | /A                 |                                       |  |  |  |
|  | d? Yes or No              | No                                    |                   |                    |                                       |  |  |  |
| Reason for Issue:  |                           |                                       |                   |                    |                                       |  |  |  |
|  |                           |                                       |                   |                    |                                       |  |  |  |
| Form Completed By:   | Carrie Wildin             | · · · · · · · · · · · · · · · · · · · | Title: 7          | Terminal Supervise | or                                    |  |  |  |
|  |                           |                                       |                   |                    | · · · · · · · · · · · · · · · · · · · |  |  |  |

Distribute to:

Scott Spicher, Gary Lefebvre (Lubes Supervisor) Al Cantu, Rob Yarbrough

#### Attachments:

- National Asset Database Entry Detail
   Protective Security Advisors Presentation

| PSA District   | State / Territory | County   | City     | Facility                           | Sector | Segment                                   | Amibus              | Street                         | Zip Code | Latitude | Longitude | Local Phone           | Local Faz   | Local Contact   | Owner             | Owner Type<br>(Public J<br>Private) | cso  | CSO Phone | CEO   | GEO Phor   | CEO<br>Address                                     | Nearest<br>Major City | Cyber<br>Assets | Source   | NAICS | NAICS Description   | Seating<br>Capacity         | Meets<br>National<br>Level<br>Criteria?<br>(Yes / No) | Notes                              |
|----------------|-------------------|----------|----------|------------------------------------|--------|---|---------------------|--------------------------------|----------|----------|-----------|-----------------------|-------------|-----------------|-------------------|-------------------------------------|--|-----------|---|------------|--|-----------------------|-----------------|--|-------|---|-----------------------------|---|------------------------------------|
| \$ Portand, OR | Oregon            | Mutnomah | Portland | ConocoPhilips<br>Portland Tarminal | Energy | Oil & Nitteral Ges -<br>Product Terminale | Petroloum Terminata | 5528 Northwest<br>Doans Avenue | 97210    | 45.56431 | -122.7432 | 503-24 <b>8</b> -153& | 503-248-152 | 2 Carrie Wildin | ConocePhillips in | Private                             | Rob Yarbrough,<br>Director<br>Emergency<br>Response and<br>Security.<br>Conoco Philips<br>Pipe Line<br>Company | i         | i Stephen Berham,<br>President of<br>Transportation,<br>ComposPhilips<br>Pips Line<br>Company | 251-293-51 | 24 500 M. Deir<br>Ashferd,<br>Houston, TJ<br>77079 | Portland, Of          |                 | 2/20/2004 Date Cell - SHLSA<br>Imput, 7/19/2004 NADB Date Cell<br>SHLSA Input, \$1/5/2006 Updated<br>by C. Wilden through Glen Collins,<br>DHS |       | Bulk Liquid Refined<br>and Libricants -<br>Petraleum Products | ~41<br>Personnel or<br>site | Yes   | Semis A.Wisin⊈sonecophile<br>s.som |
|                |                   |          |          |                                    |        |   |                     |                                |          |          |           |                       |             |                 |                   |                                     |  |           |   |            |  |                       |                 |  | ļ     |   |                             |   |                                    |
|                |                   |          |          |                                    |        |   |                     |                                |          |          |           | ,                     |             |                 |                   | 1                                   |  |           |   |            |  |                       |                 |  |       |   |                             |   |                                    |

FOU0



## Protective Security Advisors

"Securing the Nation's critical infrastructure one community at a time"



## Communities Depend Daily on Reliable Systems

These systems are the "invisible" critical infrastructure that our communities depend on every day, for example:

- Telephone systems that allow us to use ATMs/credit cards for our financial transactions, and real-time communications for business and personal use (cellular phones, pagers, e-mail, land-lines, and faxes)
- Electricity that allows us to light and heat our homes and businesses, and power computers and vital communication devices like radio and television
- Water systems that provide us with water for drinking,
   sanitary needs, irrigation, and firefighting capabilities



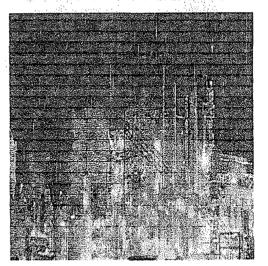
# Critical Infrastructure & Key Resource Sectors

## Critical Infrastructure Sectors

- Agriculture and Food
- Banking and Finance
- \* Chemical
- Defense Industrial Base
- Drinking Water and Wastewater Treatment Systems
- Emergency Services
- Energy
- Information Technology
- National Monuments and Icons
- Postal and Shipping
- Public Health and Healthcare
- Telecommunications
- Transportation Systems

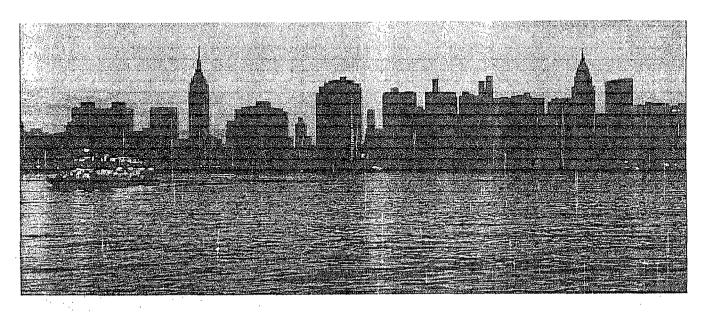
#### Key Resources

- Commercial Facilities
- Commercial Nuclear Reactors, Materials, and Waste
- Dams
- Government Facilities





### The Threat



We will "hit hard the American economy at its heart and its core."

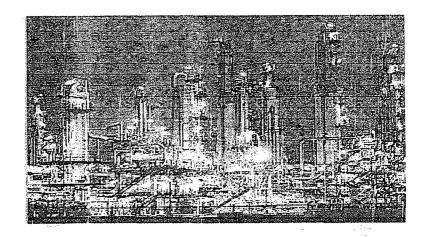
- Osama bin Laden

Without doubt, terrorist groups recognize the economic ramifications of attacks on the Nation's critical infrastructure and key resources.



# Dependency on our Critical Infrastructure & Key Resources...

- Mational Security
- Economic Vitality
- Our Way of Life



### Attacks Could...

- Disrupt government and private industry operations and impact our economy and society
- Result in large-scale human casualties, property destruction, and damage to national prestige and public confidence



## The Role of the Department of Homeland Security

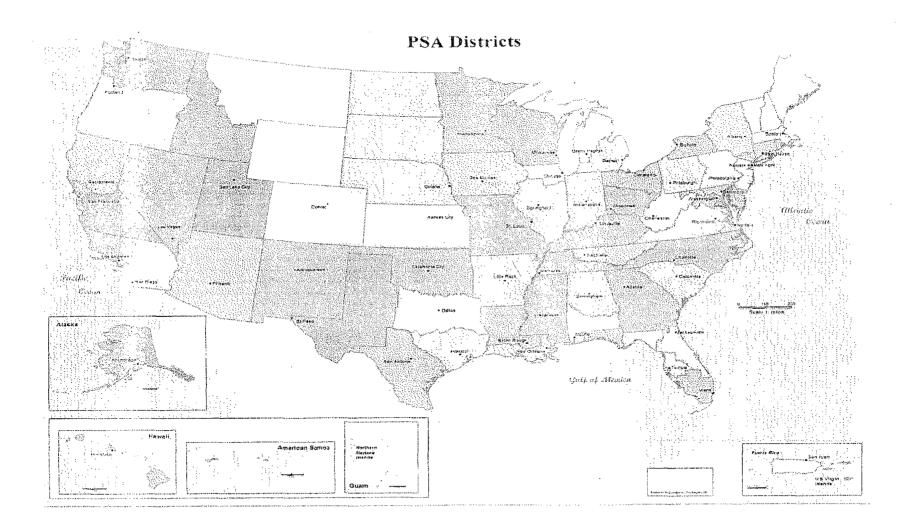
- Unify a national effort to secure America
- Prevent and deter terrorist attacks
- Protect against and respond to threats and hazards to the Nation
- Respond to and recover from acts of terrorism, natural disasters, or other emergencies
- Coordinate the protection of our Nation's critical infrastructure and key resources (CI/KR) across all sectors

# The Challenge to Protect Critical Infrastructure & Key Resources

- 85% of all CI/KR assets are privately-owned
- The Department of Homeland Security must work with industry and Federal entities, as well as state, territorial, local, and tribal governments to protect CI/KR
- To help communities better protect the Nation's assets, the Department of Homeland Security is placing Protective Security Advisors (PSAs) in metropolitan areas throughout the country



### PSA Districts



COPPOR00001840



# The Department of Homeland Security Provides Community-Based Support

### Protective Security Advisors will:

- Assist with ongoing local and state critical infrastructure security efforts which are coordinated by the state Homeland Security Advisors
- Support the development of the national risk picture by identifying, assessing, monitoring, and minimizing risk to critical assets at the local level
- Upon request, facilitate and coordinate vulnerability assessments of local CI/KR
- Provide reach-back capability to the Department of Homeland Security and other Federal government resources



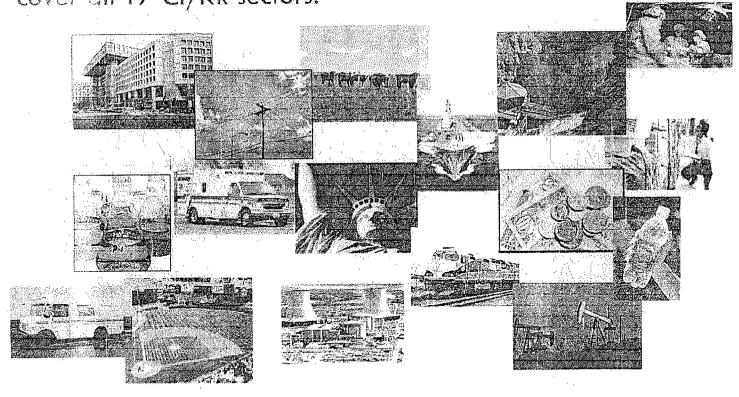
## Protective Security Advisors Will Also...

- Assist in verification of critical asset information for accurate inclusion into the National Asset Database
- Serve as advisors regarding local infrastructure during activation of the National Response Plan
- Provide local context and expertise to the Department of Homeland Security to ensure that community resources are used effectively
- Facilitate the flow of programmatic information between all parties with a vested interest in CI/KR protection
- Work in state and local Emergency Operations Centers to provide expertise and support to the IP Infrastructure Liaison Cell, who supports the Principal Federal Official and Federal Coordinating Officer responsible for domestic incident management



## Projective Security Advisors' Sector Coverage

Although the Risk Management Division (RMD) has Sector-Specific Agency responsibility for Commercial Facilities and Dams, PSAs cover all 17 CI/KR sectors.





### Value of the Program to You

### Protective Security Advisors will:

- Support comprehensive risk analyses of local CI/KR
- Assist in the review and analysis of physical/technical security of local CI/KR
- Convey local concerns and sensitivities to the Department of Homeland Security and other Federal agencies
- Relay disconnects between local, regional, and national protection activities
- Communicate requests for Federal training and exercises



### Your PSA Can Also...

- Give guidance on established practices
- Provide local communities with access to updated Department of Homeland Security capabilities, including:
  - New tools and technologies
  - Best practices for protection and mitigation strategies
  - Expertise and experience within the Department of Homeland Security and other agencies
  - Expertise and experience from other PSAs based in communities with similar concerns
- Keep communities informed of national policy context and initiatives
- Provide support to officials responsible for special events planning



## PSA Activity To Date Includes...

- Establishing relationships with 8,000+ stakeholders on the Federal, state, territorial, local, and tribal level and within the private sector (since 14 March 2005)
- Supporting risk reduction activities, including the facilitation of Site Assistance Visits, the Buffer Zone Protection Program, as well as verification and technical assistance visits to CI/KR
- Attending numerous conferences and participating in large exercises and special events throughout the country



## PSA Activity Also Includes...

- Providing real-time situational awareness to the Department of Homeland Security/RMD leadership on incidents or areas of concern
- Supporting the response, recovery, and reconstitution efforts of those states affected by Hurricanes Katrina and Rita by:
  - Working with Principal Federal Officials and Federal Coordinating Officers in states' Joint Field Offices
  - Supporting representatives tasked to coordinate Emergency Support Functions of the National Response Plan
  - Helping to coordinate Federal, state, and local law enforcement efforts regarding the protection of CI/KR
  - Performing site visits for general damage and security assessments in coordination with RMD deployed teams
  - Providing advice on protective measures



## How Can You Help?

- Engage with Protective Security Advisors to facilitate protective actions and establish priorities and the need for information
- Assist in efforts to identify, assess, and secure CI/KR in your community
- Communicate local critical infrastructure protectionrelated concerns
  - Business and economic ramifications of actions
  - Issues unique to the community



### **Contact Information**

- 1001 SW 5th Ave, Suite 1020 Portland, OR
- 503-250-2815

| West Coast Terminals  |  |                  |                  |                   |          |  |  |  |
|---|--|------------------|------------------|-------------------|----------|--|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency  |  |                  |                  |                   |          |  |  |  |
| •   | February 2, Agency United States Coast Guard – 154 2006 (Emergency Response) and Security Inspection |                  |                  |                   |          |  |  |  |
| Inspector(s) Name   | MST2 Gaudren and Nathan Hatfield Telephone 503-823   |                  |                  |                   |          |  |  |  |
| District/Terminal V   | Vest Coast Ter   | minals           |                  |                   |          |  |  |  |
| Area/Station/Location   | Area/Station/Location Portland Terminal  |                  |                  |                   |          |  |  |  |
| Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected)  List any documents inspected. List documents surrendered. List any samples taken.  The United States Coast Guard conducted their inspection of our security systems, |  |                  |                  |                   |          |  |  |  |
| knowledge of our facility   | security plans,  | and inspect      | on of our emer   | gency respons     | se       |  |  |  |
| and equipment inspection  | records.   |                  |                  |                   |          |  |  |  |
| Vito Debellis, Tom Lyons  | s, Al Cantu, Ga  | ry Lefebvre,     | and Carrie Wi    | ldin represent    | ed COP.  |  |  |  |
| List any Discrepancies No   |  |                  |                  |                   |          |  |  |  |
| The only item noted was   | ·  |                  |                  |                   |          |  |  |  |
| "Regulation 33CFR105.2  | 45- Completel  | y fill out all l | olanks on DOS    | with initials."   |          |  |  |  |
|   |  |                  |                  |                   | ·        |  |  |  |
| List any Action To Be Ta  | ken, Who is re   | sponsible for    | the action and   | completion d      | ue date: |  |  |  |
| Vito will amend the DOS   | example kept   | at dock to in    | clude initials a | nd N/As when      | e        |  |  |  |
| applicable by the end of the  | ne day 2/2/06.   |                  |                  |                   |          |  |  |  |
|   |  |                  |                  |                   |          |  |  |  |
| Citation or NOV Issued? (Attach copy) Expected? Reason for Issue:   |  | No<br>No         | To Whom: N/      | A                 |          |  |  |  |
|   |  |                  |                  |                   |          |  |  |  |
| Form Completed By:  | Carrie Wildin  |                  | Title: T         | erminal Superviso | т        |  |  |  |

Distribute to:

Rich Hartig, Shawn Gilfillan, Gary Lefebvre (Lubes Supervisor) Bary Duffin, Bill Collins as appropriate



Captain of the Port United States Coast Guard 6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

#### **Facility Examination Report**

| <u> </u>   |  | <del></del>  |  |  |
|--|--|--|--|--|
| Facility Name Conoco Phillip   | B  |  | Facility ID Numb                           | 16058  |
| Type of Inspection:  | tulk Liquid Bulk Solid   | Liquefied Gas  | Packaged                                   | XOther: UTSA   |
| Type of Facility:  51  | Waterfront Facility  | Mobile Facility  | Fa   | cility of Particular Hazard  |
| PS Case Number   | Total Number of deficiencies found:  |  | hich all identified<br>es must be correcte | d:   |
| Regulation  1) 33CFR 105.245   | 7/10/2   | Nature of Deficier   | ·  | Cleared (CG use only)  ON  Correct Special   |
|  |  |  |  |  |
| i)   |  | The state of the s |  |  |
| )  |  |  |  | · ·  |
| )  |  |  |  |  |
| nd any additional pages that m<br>leficiencies identified, request a | ay be attached. You also acknowle<br>n extension or submit-a-request for a | edge you have thirty days<br>alternative compliance, as  | from the date of<br>described on the       | e deficiencies identified on this page<br>this examination to either correct the<br>reverse side of this form. Deficiencies<br>the Port and they are approved. |
| Facility Examiner (Please Print) NST2 GAUDREN                        | Signature  |  | Date &                                     | of Inspection  FEB86   |
| Facility Representative (Please Print A. W.)                         | Signatura a  | midwilde   | Title T                                    | 2 FEB 1860<br>Irmina 1 Supervisor  |
|  | - U.   | age 1 of   |  |  |



Captain of the Port United States Coast Guard

6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

#### Pacility Promination Depart

| acility Name   |                                 |  |  | Facility 1       | D Number (FIN)                      | <del></del>   |
|--|---------------------------------|--|--|------------------|-------------------------------------|---|
| CONOCO PARILLES  |                                 |  |  |                  | 20058                               |   |
|  | Liquid                          | Bulk Solid                               | Liquefied Ga                               |                  |                                     | ther:   |
|  | terfront Fac                    |  | Mobile Fac                                 |                  | <del></del>                         | of Particular Hazard  |
| S Case Number  | Total Numbe                     | rof                                      | Dat  | by which all id  | entified "                          | 77/1  |
| NOTION TALENT  | deficiencies i                  | found:                                   | den  | ziencies must be | corrected:                          | NIH   |
| Regulation   |                                 |  | Nature of Def                              | ciency           |                                     | Cleared<br>(CG use only   |
| <del></del>  |                                 |  |  |                  |                                     |   |
|  |                                 |  |  |                  |                                     | <u> </u>  |
|  |                                 |  |  |                  |                                     | <del></del>   |
|  |                                 | <u> </u>                                 |  |                  |                                     |   |
|  |                                 |  |  |                  |                                     |   |
|  |                                 |  |  |                  |                                     |   |
|  |                                 |  |  |                  |                                     |   |
| or signature below indicates you<br>any additional pages that may b<br>iciencies identified, request an ext<br>considered corrected once y | e attached. Yo<br>ension or sub | ou also acknowled<br>mit a request for a | dge you have thirty<br>Iternative complian | days from the    | date of this ext<br>don the reverse | amination to either correct li<br>side of this form. Deficience |
| cility Examiner (Please Print)   | <u> </u>                        | Signature                                | 244  |                  | Date of Inspe                       | ection  |
| cility Representative (Please Print)  Erminal Supervisor   |                                 | Signature                                | i a Will                                   | di_              | Title                               |   |
| Carrie A. Wild   |                                 |  | ge I of                                    |                  |                                     |   |

| West Coast Terminals   |               |
|--|---------------|
| Record of Meeting or Inspection by Regulatory / Environmental  | Agency        |
| Date of Meeting February 1, Agency City of Portland Bureau of E<br>2006 Services   | Environmental |
| Inspector(s) Name Aaron Wieting Telephone : No.  | 503-823-7383  |
| District/Terminal West Coast Terminals   |               |
| Area/Station/Location Portland Terminal  |               |
|  |               |
| Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspection List any documents inspected. List documents surrendered. List any samples taken |               |
| The City conducted their annual inspection of the Portland Terminal storm water sy   |               |
| Representing the terminal were Bill Collins, Vito DeBellis, Tom Lyons and Carrie   | Wildin.       |
|  |               |
|  |               |
| List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s): Non   | ne made.      |
| No exceptions or areas of concern were identified.   | •             |
|  |               |
|  |               |
| List any Action To Be Taken, Who is responsible for the action and completion due  | e date:       |
| N/A  |               |
|  |               |
|  |               |
| Citation or NOV Issued? Yes or No  |               |
| Reason for Issue:  |               |
|  |               |
| Form Completed By: Carrie Wildin Title: Terminal Supervisor  |               |

Distribute to:

Rich Harrig, Shawn Gilfillan, Gary Lefebvre (Lubes Supervisor) Bary Duffin, Bill Collins as appropriate

Water Pollution Control Laboratory 6543 N. Burlington Ave., Portland, Oregon 97203-5452 (503) 823-5600

www.portlandonline.com/bes

March 1, 2006

Carrie Wildin Conoco Phillips 5528 NW Doane Ave Portland, Oregon 97210

Re: Annual Stormwater Compliance Inspection, February 1, 2006

Dear Ms. Wildin:

On February 1, 2006, City of Portland staff inspected your facility, located at 5528 NW Doane Ave. in Portland, Oregon, for compliance with conditions contained in its NPDES 1200-Z Storm Water Permit. Overall, the results of the inspection were satisfactory; and there were no noted deficiencies with respect to permit compliance observed during the inspection.

It was a pleasure to meet you and the City appreciates your assistance during the inspection. The City also appreciates your efforts in reducing stormwater pollution from your facility. If you have any questions regarding this letter, please feel free to contact me at 503.823.7383. Thank you.

Sincerely,

Aaron B. Wieting, R.G., C.H.M.M.

Environmental Technician

Industrial Stormwater Program

| West Coast Terr   |                                |
|---|--------------------------------|
| Record of Meeting or Inspection by Regula   | tory / Environmental Agency    |
| Date of Meeting 1/5/06 Agency Por   | rtland Fire Department         |
| Inspector(s) Name Jerry Alverez   | Telephone 503-823-3934<br>No.  |
| District/Terminal West Coast Terminals  |                                |
| Area/Station/Location Portland Terminal   |                                |
| Nature of Inspection: (Identify files, plans, PTO's, facilities List any documents inspected. List documents surrendered Follow up Inspection for sugesstions made during the first | d. List any samples taken.     |
|   |                                |
| List any Discrepancies Noted, Requests, or Suggestions m  | ade by Inspector(s):           |
| No new sugestions made. He was satisfied with all actions   | taken.                         |
| List any Action To Be Taken, Who is responsible for the a   | ction and completion due date: |
| Citation or NOV Issued? Yes or No No No (Attach copy) Expected? Yes or No No  | iom: N/A                       |
| Reason for Issue:   | ·                              |
| Form Completed By: Vito DcBellis Tit  | e: Coordinator of Operations   |

Distribute to:

John Barrett, Rich Hartig, Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bary Duffin, Bill Collins, others as appropriate

Wp\_doc\insplog

Rev: 10-27-98

| Yellowstone District   |  |  |  |  |  |
|--|--|--|--|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency   |  |  |  |  |  |
| Date of Meeting February 27, 2007 Agency United States Coast Guard Annual Inspection 154 (Emergency Response) and 105 (Security Inspection)  |  |  |  |  |  |
| Inspector(s) MST Joseph Graun and MST2 Joshua Scruggs Telephone 503-240-9333   |  |  |  |  |  |
| Name – joseph.l.graun@uscg.mil No.   |  |  |  |  |  |
| District/Terminal Yellowstone District   |  |  |  |  |  |
| Area/Station/Location Portland Terminal  |  |  |  |  |  |
| Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected)  List any documents inspected. List documents surrendered. List any samples taken.   |  |  |  |  |  |
| The United States Coast Guard conducted their inspection of our security systems, facility security plans,   |  |  |  |  |  |
| and inspection of our emergency response and equipment inspection records.   |  |  |  |  |  |
| Vito Debellis, Tom Lyons, Gary Lefebvre, and Carrie Wildin represented COP.  |  |  |  |  |  |
| List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s):   |  |  |  |  |  |
| The only item formally documented reads as follows:  |  |  |  |  |  |
| "Submit an updated Letter of Intent to Operate to reflect company name changes."  Action: A new section will be added to the USCG Operations manual to include all past letters of intent to operate and a current letter of Intent for ConocoPhillips will be sent by March, 1 2007 by certified mail. –  Assigned to - Jane Keafer and Carrie Wildin Completed February 27, 2007 |  |  |  |  |  |
| List any Action To Be Taken, Who is responsible for the action and completion due date:  |  |  |  |  |  |
| Other action items not formally documented on the USCG facility examination report:  |  |  |  |  |  |
| 1) Verbaige regarding the requirement to fill out a DOS for "all regulated vessels" should be added to the Marsec Level 1, 2 and 3 tabs, plus edited on page 16 under the security requirements tab to include all regulated vessels (not just the ones carrying dangerous cargo). — Jen Nedens, March 30, 2007  |  |  |  |  |  |
| 2) The Quarterly Security Drill documentation sheet needs to include: a list of participants and a lessons learned section. MST2 Scruggs will email C. Wildin an example and she will forward to Al Cantu. – Amend corporate form?? - Al Cantu, March 30, 2007   |  |  |  |  |  |
| 3) Reminder: An annual exercise cannot double count as a quarterly security drill.   |  |  |  |  |  |
| 4) Reminder: Note NRC confirmation number on drill and exercise documentation.   |  |  |  |  |  |
| 5) Add MAWP and Burst Pressure to all hose testing worksheets going forward Tom Lyons, March 30, 2007  |  |  |  |  |  |
| 6) MST Graun was having difficultly finding his way through the Emergency Response Plan and he requested that Jen give him a call at her convenience. – Jen Nedens, March 15, 2007   |  |  |  |  |  |
| 7) Add line item to the Declaration of Security, "Are there any detainees aboard?" - Change Corporate form? -  |  |  |  |  |  |
| Al Cantu, March 30, 2007  8) Reminder: All DOS must be retained for an additional 90 days after effective date.  |  |  |  |  |  |
| Citation or NOV Issued? Deficiency Formally Yes To Whom: N/A   |  |  |  |  |  |
| Identified as Described Above (Copy Attached) Expected? No   |  |  |  |  |  |
| Reason for Issue: See above  |  |  |  |  |  |
| Form Completed By: Carrie Wildin Title: Terminal Supervisor  |  |  |  |  |  |

Distribute to:

Scott Spicher, Gary Lefebvre (Lubes Supervisor), Al Cantu, Jennifer Nedens, Rob Yarbrough, Vito Debellis, Tom Lyons, Jane Keafer



Captain of the Port United States Coast Guard

6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

|  | Facility Exa  | amination b   | ceport   |   |
|--|---|---|--|---|
| Facility Name Canaca   | Ph.Ilins  | Phillips PDX 20058                                  |  |   |
| ype of Inspection: Bulk  | Liquid Bulk Solid   | Liquefied Gas                                       | Packaged _                                     | Other: 151  |
| ype of Facility: Wa  | terfront Facility   | Mobile Facility                                     | ally in a life from the purchase the graphests | y of Particular Hazard  |
| S Case Number  | Total Number of deficiencies found:                                 | Date by w<br>deficiencie                            | hich all identified<br>es must be corrected:   | 15 MAR 27   |
| Regulation  33 CFR 154, HO (c)   | i bout an w   | Nature of Deficier                                  | ocy Platent to                                 | Cleared<br>(CG use only)  |
|  | edlect con  | pera chances  |  |   |
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| ur signature below indicates you<br>lany additional pages that may bi<br>iciencies identified, request an ext<br>considered corrected once y | e attached. You also acknowled<br>ension or submit a request for al | ge you have thirty days<br>ternative compliance, as | from the date of this described on the rever   | examination to either correct the se side of this form. Deficiencie |
| cility Examiner (Please Print)   | Signature   | 1.50  | Date of In                                     | spection  |
| cility Representative (Please Print)   | Signature   | white   | Title 7  | 7 FEB D7<br>erminal<br>Jugarydal                                    |
|  | Dag   | a lof   |  | •   |



Captain of the Port United States Coast Guard

6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

### **Facility Examination Report**

|   | I den   | ity aradinin  | utton recho  |                                 |   |
|---|---|---|--|---------------------------------|---|
| Facility Name   | o Phillips  |   | Facility PD  | D Number (FI                    | )58   |
| Type of Inspection:   |   | ulk Solid Liquef  | ied Gas Packa                                      | ged .                           | Other: 105  |
| Type of Facility:   | Waterfront Facility                                 | Mol Mol   | bile Facility                                      | Facilit                         | y of Particular Hazard  |
| PS Case Number  | Total Number of<br>deficiencies foun                | 1:  | Date by which all id<br>deficiencies must be       | corrected:                      |   |
| Regulation  | !   | Nature o  | of Deficiency                                      | . / .                           | Cleared (CG use only)   |
| )   |   | relien-   | fed + Hipprovi                                     | A Sunta                         |   |
| )   |   |   |  |                                 |   |
| )   |   | Qr.   |  |                                 |   |
| )   |   |   | 27   | ,                               |   |
| )   |   |   |  |                                 |   |
| nd any additional pages the<br>efficiencies identified, reque | at may be attached. You a st an extension or submit | lso acknowledge you have<br>a request for alternative o | ve thirty days from the<br>ompliance, as described | date of this of<br>on the rever | ciencies identified on this page<br>xamination to either correct the<br>se side of this form. Deficiencies<br>Port and they are approved. |
| acility Examiner (Please Prin                                 |   | Signature   | - O  | Date of Ins                     | ·   |
| 157 Z Jushua<br>acility Representative (Please                | Print)  | Signature /   |  | 27                              | FEB 07  |
|   | e a antiki  | SINDRIBLE / !   |  | inc 's                          | 1 7 4 11 /3 /3   1   1   1   1   1   1   1   1   1  |



ConocoPhillips Company 5528 N.W. Doane Avenue Portland, OR 97210

February 27, 2007

**US Coast Guard** Marine Safety Office Joseph Lee Graun, MST 6767 North Basin Ave Portland, OR 97217

RE: Letter of Intent to Operate

Dear MST Graun:

The ConocoPhillips Portland Terminal submits this letter of intent to operate a dock facility for the transfer of bulk petroleum products to and from various marine vessels. This letter will be added to the Marine Terminal Operations Manual revision submitted January 31, 2007. This letter is intended to reflect Phillips (2001-2002) and ConocoPhillips (2003 to present) intent to operate post September 12, 1997.

The ConocoPhillips Portland Terminal is Located in the City of Portland within 45° 34' 20" latitude, 1220 44' 8" longitude. The Terminal is situated on the west bank of the Willamette River, approximately two miles south of the St. Johns' Bridge.

The operation and ownership information are as follows:

Terminal:

Owner:

ConocoPhillips

5528 N W Doane Ave

ConocoPhillips 6317 E Sharp Ave

Portland, OR 97210

Spokane, WA 99212

503.248.1530

509.536.8412

Please contact the undersigned at 503.248.1538 if you have any questions.

Sincerely,

Carrie Wildin

Terminal Supervisor

ani awildi

U.S. Department of Homeland Security United States Coast Guard

Captain of the Port United States Coast Guard 6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

### **Facility Examination Report**

|   | a contract a   | LACHULLION                              | non web.                                   | UIU                                     |   |
|---|--|---|--|---|---|
| Facility Name Conoco  | Phillips   | ;                                       | Facilit P                                  | y ID Number (FINDX 200                  | 58  |
|   | Liquid Bulk Sol                                      | id Liquefie                             | d Gas Pacl                                 | kaged (                                 | Other: 154  |
| Type of Facility: Wa  | terfront Facility                                    | Mobil                                   | e Facility                                 | Facility                                | of Particular Hazard  |
| PS Case Number 28 7 8866  | Total Number of<br>deficiencies found:               | øl                                      | Date by which all<br>deficiencies must     | identified<br>be corrected:             | 15 MAR 07   |
| Regulation  1) 33 LFR 154. 110 (c)  | Submit an reflect                                    | Nature of updated                       | Deficiency<br>Leffer of le                 | 14 d 15                                 | Cleared (CG use only)   |
| 2)  |  |   |  |   |   |
| 3)  | Jal  | 37                                      | <u> </u>                                   |   |   |
| 4)  |  |   | e en                                       |   | _<br>_<br>  |
| 5)  |  |   |  |   |   |
| Your signature below indicates you and any additional pages that may be deficiencies identified, request an extease considered corrected once you | e attached. You also acknownsion or submit a request | owledge you have<br>for alternative con | hirty days from the<br>pliance, as describ | e date of this ext<br>ed on the reverse | amination to either correct the side of this form. Deficiencies |
| Facility Examiner (Please Print)  | Signatur   | -/,<                                    | 008  | Date of Inspe                           | · · · · · · · · · · · · · · · · · · ·                           |
| Facility Representative (Please Print)  (arrie A. Wildin  | Signatur   | Page Lof                                | Juldi                                      |   | FEB 07<br>minal<br>Supervisor                                   |

7. AGENCY VISITS - 2005

| West Coast Terminals  |                   |                               |  |  |
|---|-------------------|-------------------------------|--|--|
| Record of Meeting or Inspection by R  | egulatory / Ei    | ivironmental Agency           |  |  |
| Date of Meeting Sept.30, Agency 2005  | Portland Fire     | : Department                  |  |  |
| Inspector(s) Name Jerry Alvarez, Deputy Fire  | Marshall          | Telephone 503-823-3814<br>No. |  |  |
| District/Terminal West Coast Terminals  |                   |                               |  |  |
| Area/Station/Location Portland Terminal   |                   |                               |  |  |
| Nature of Inspection: (Identify files, plans, PTO's,  | facilities equipm | nent etc inchected)           |  |  |
| List any documents inspected. List documents surr   | endered. List an  | y samples taken.              |  |  |
| Conducted 4 hour inspection of the terminal include   |                   |                               |  |  |
| lube operations. Examined fire and foam system tes  | •                 |                               |  |  |
| fire inspection records. Present for the inspection w H&S staff.  | ere terminal per  | sonnel, lube personnel and NW |  |  |
| TROS SIAIT.   |                   |                               |  |  |
|   |                   |                               |  |  |
|   |                   |                               |  |  |
| List any Discrepancies Noted, Requests, or Suggest  | ions made by In   | spector(s):                   |  |  |
| Requested the following: Label ESD switches on ra   |                   |                               |  |  |
| lube warehouse; label ESD for terminal boilers, ass<br>storage containers (e.g. 5 gallon gas cans) are stored |                   |                               |  |  |
|   |                   |                               |  |  |
|   |                   |                               |  |  |
| List any Action To Be Taken, Who is responsible for   | or the action and | completion due date:          |  |  |
| A formal report from the inspector is expected on N   |                   | 3. All items will be the      |  |  |
| responsibility of John Sherman and will be closed be.  There were no violations of the fire code.             | y October 31.     |                               |  |  |
| There were no violations of the fire code.  |                   |                               |  |  |
|   |                   |                               |  |  |
| Citation or NOV Issued? Yes or No No (Attach copy) Expected? Yes or No No                                     | To Whom: N/       | A (                           |  |  |
| Reason for Issue:   | <u> </u>          |                               |  |  |
|   |                   |                               |  |  |
| Form Completed By: John Sherman   | Title: T          | erminal Supervisor            |  |  |

Distribute to:

Karen Kennedy, Rich Hartig, Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bary Duffin, Bill Collins as appropriate

Wp\_doc\insplog

Rev: 10-27-98



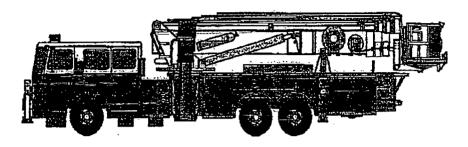
**COMMENTS:** 

CITY OF

## PORTLAND, OREGON

FIRE PREVENTION DIVISION

Eric Sten Fire Commissioner
John Klum, Fire Marshal
1300 S. B. Gidcon St.
Portland, Oregon 97202-2419
(503)823-3955
FAX (503)823-3925



| DATE:   | 10/3/05   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| то:   | John Sherman / Gary   |  |  |  |  |  |
| FIRM:   | anoco Phillips  |  |  |  |  |  |
| FAX#:   | 503-248-1522 / 1599   |  |  |  |  |  |
| <b>ሐ</b> ላላላል   | Series Paries<br>Arananananananananananananananananananan   |  |  |  |  |  |
| FROM  | Provident PMs(m) Provide (513) 824-3054 NACO SETUDION (515) |  |  |  |  |  |
| FAX # (   | 503) 823-3925   |  |  |  |  |  |
| тне то  | TAL NUMBER OF PAGES IN THIS FAX ARE:                        |  |  |  |  |  |
| If you do not receive all the pages, please call (503) 823-3934 |   |  |  |  |  |  |
| $\Psi\Psi\Psi\Psi\Psi\Psi$                                      | <i>Ϙ</i> ϘϘͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰͰ               |  |  |  |  |  |

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1300 SE GIDEON STREET PORTLAND, OREGON 97202-2419 PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



#### FIRE INSPECTION REPORT

Facility#:

45408

Building Name: DOCK WAREHOUSE

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A \$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION FOUND DURING THE INITIAL

| Type | Date `     | Viol Code | Description   | Abate Date | Comments   |
|------|------------|-----------|---|------------|--|
| R    | 09/30/2005 |           | PROVIDE APPENDIX III-C TEST AS<br>FOLLOWS: STANDPIPE - EVERY FIVE<br>YEARS. HYDRANTS - EVERY FIVE |            | OR PROVIDE DOCUMENTATION THAT TEST<br>HAS BEEN PERFORMED IN LAST FIVE<br>YEARS |
|      |            |           | YEARS. SPRINKLERS - EVERY FIVE<br>YEARS   |            | 22250  |



A Reinspection will be made on or after 11/09/2005 to

fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a line of \$400 plus \$25 per violation and your case will be referred to the Code Hearing's Officer. Each Building with unabated hazards is considered an inspection.

Malled

CONOCO PHILLIPS / (503) 248-1538

ALVAREZ, GERALD / C-TEAM

BUS, OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page I of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 12:32:11PM



1300 SE GIDEON STREET PORTLAND, OREGON 97202-2419 PHONE (503) 823-3700 FAX (503) 823-3989 BILLING (503) 823-3777



#### FIRE INSPECTION REPORT

Facility#:

45407

Building Name:

FUELING DOCK

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY, A\$1000 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

| Type | Date       | Viol Code | Description .                   | Abate Date | Comments                               |
|------|------------|-----------|---------------------------------|------------|--|
| R    | 09/30/2005 | (1) A99   | FIRE ALARM SYSTEMS "OTHER"      |            | SPRINKLER SYSTEM FOR DOCK SHALL BE     |
|      |            |           | CODE                            |            | MONITERED AND BE ADDRESSABLE TO        |
|      |            | · _       |                                 |            | MAIN FIRE ALARM PANEL IN THIS FACILITY |
|      |            | (2) S07   | PROVIDE APPENDIX III-C TEST AS  | •          | OR PROVIDE DOCUMENTATION THAT TEST     |
|      |            |           | FOLLOWS: STANDFIPE - EVERY FIVE |            | HAS BEEN PERFORMED IN LAST FIVE        |
|      |            |           | YEARS. HYDRANTS - EVERY FIVE    |            | YEARS                                  |
|      |            |           | YEARS. SPRINKLERS - EVERY FIVE  |            |  |
|      |            |           | YEARS                           |            |  |

J DY JUNE 06 31 TIM

A Reinspection will be made on or after 11/09/2005 to determine compilance, if unconnected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations ramain at the second minspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to fine Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

Malled lto

CONOCO PHILLIPS / (503) 248-1538

BUS, OWNER/AGENT NAME & PHONE

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR

Page 1 of 1

A hill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 12:31:09PM



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### FIRE INSPECTION REPORT

Facility #:

9023

**Building Name:** 

MAIN OFFICE AND WAREHOUSE

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED HIMEDIATELY. A\$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

Viol Code Description Type Date Abate Date Comments FIRE ALARM SYSTEMS "OTHER" FIXED SYSTEM IN COMPUTER ROOM SHALL 09/30/2005 (1) A99 CODE BE MONTTERED BY MAIN FIRE ALARM PANEL, PROVIDE APPROVED INSTALLATION BY CERTIFIED ALARM INSTALLER

Open by from Solar From

A Reinspection will be made on of after 11/09/2005 to determine compilance. If uncorrected violations remain at the first reinspection you will be assessed a tine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Suilding with unabated hazards is considered an inspection.

Mailed

CONOCO PHILLIPS / (503) 248-1538

ALVAREZ, GERALD / C-TEAM

BUS, OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page 1 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 9:15:41 AM



1300 SE GIDEON STREET PORTLAND, OREGON 97202-2419

PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #.

45400

**Building Name:** 

BLACK OIL RACK

**Business Name:** 

CONOCO PHILLIPS

Business Address; 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A \$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION? FOUND DURING THE INITIAL

Viol Code Description Abate Date Comments Type Date. 09/30/2005 (I) N99 SIGNAGE "OTHER" CODE PROVIDE PLACARDS OR SIGNAGE FOR ON/OFF SWITCHS, LOCATED ON TOP SIDE OF LOADING RACK

Ton/ JiTo.

Blorach
Whe ruch
I rock.

A Reinspection will be made on or after 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a tine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer, Each Building with unabated hazards is considered an inspection.

Mailed

CONOCO PHILLIPS / (503) 248-1538

ALVAREZ, GERALD / C-TEAM

BUS, OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page 7 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 8:59:54AM



1300 SE GIDEON STREET PORTLAND, OREGON 97202-2419 PHONE (503) 823-3700 FAX (503) 823-3989 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

9108

**Building Name:** 

LUBE LOADING RACK

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY, A \$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INTUAL

| Type | Date       | Viol Code | Description                           | Abate Date Comments                 |
|------|------------|-----------|---------------------------------------|-------------------------------------|
| R    | 09/30/2005 | (1) N99   | SIGNAGE "OTHER" CODE                  | PROVIDE PLACARDS OR SIGNAGE FOR ON/ |
| L    |            | 1         | •                                     | OFF SWITCHS, LOCATED ON TOP SIDE OF |
|      |            | }         | · · · · · · · · · · · · · · · · · · · | LOADING RACK                        |

A Reinspection will be made on of after 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a line of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards I s considered an inspection.

Malled

CONOCO PHILLIPS / (503) 248-1538

ALVAREZ GERALD / C-TEAM

BUS, OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page I of I

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 8:52:54AM



1300 SE GIDEON STREET
PORTLAND, OREGON 97202-2419
PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



## FIRE INSPECTION REPORT

Facility #:

9054

Building Name:

BOILER / CONTROL ROOM

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED LIMITED ATELY. A\$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INTUAL

| Type | Date       | Viol Code | Description                    | Abate Date Comments                     |
|------|------------|-----------|--------------------------------|---|
| R    | 09/30/2005 | (1) N99   | SIGNAGE "OTHER" CODE           | PROVIDE PLACARDS OR SIGNAGE TO          |
|      |            | 1         |                                | INDICATE LOCATION OF EMERGENCY SHUT     |
|      |            | L.        |                                | OFF FOR BOILER IN CONTROL ROOM          |
|      |            | (2) K23   | PROVIDE PROTECTION TO PREVENT  | 20 PD LPG / 5 GALLON W/C TANK IN BOILER |
|      |            | <b>!</b>  | TIPPING OVER COMPRESSED GASES. | ROOM                                    |

(1) V170-78h

(2) V170-TOM

A Reinspection will be made on or after 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the filled and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Suilding with unabated hazards is considered an inspection.

Malled

CONOCO PHILLIPS / (503) 248-1538

BUS, OWNER/AGENT NAME & PHONE

by

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR

Page 1 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 8:41:16AM



1300 SE GIDEON STREET PORTLAND, OREGON 97202-2418

PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

9095

**Building Name:** 

ASPHALT SHED

LUBE OIL ANNEX CANOPY

**Business Name:** 

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A \$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION FOUND DURING THE INTIAL

| Type | Date       | Vint Code | Description   | Ahate Date | Comments   |
|------|------------|-----------|---|------------|--|
| R    | 09/30/2005 | (1) S12   | PROVIDE SIGNAGE TO F.D.C. TO IDENTIFY PROPERTY LOCATION SERVED AND/OR SPRINKLER TYPE. | Clased -   | IN FRONT OF BLDG, ABOVE CONNECTION /<br>SIGNAGE SHALL PAINTED RED                            |
|      | j          | (2) A99   | FIRE ALARM SYSTEMS "OTHER" CODE   |            | PROVIDE MONITORING OF SPRINKLER SYSTEM, SPRINKLER SYSTEM SHALL BE LINKED TO MAIN FIRE PANEL. |

(D) JUNE 06.

A Reinspection will be made on or after 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 ptus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

Mailed

CONOCO PHILLIPS / (503) 248-1538

BUS, OWNER/AGENT NAME & PHONE

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR

Page 1 of 1

A bill summarking the fees associated with this inspection will be mailed to you.

10/3/2005 8:36:19AM



1300 SE GIDEON STREET PORTLAND, OREGON 97202-2419 PHONE (503) 823-3700 FAX (503) 823-3869 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

37162

Building Name:

CANOPY

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

BACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A \$10,00 PINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INTUAL

| Typ | e Date     | inl Code Description Abate Date Comments |                 |
|-----|------------|--|-----------------|
| R   | 09/30/2005 | NO HAZARDS NOTE                          | D ON THIS DATE. |
|     |            |  | i               |

A Reinspection will be made on or after 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be essessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

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CONOCO PHILLIPS / (503) 248-1538

BUS. OWNER/AGENT NAME & PHONE

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR

Page 1 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 8:47:24 AM



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PORTLAND, OREGON 97202-2419
PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

9071

Building Name:

MAINTENANCE SHOP

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED MIMIEDIATELY, A \$10,000 FINE WILL BE ASSESSED FOR EACH COMMON WOLATION FOUND DURING THE INTIAL

| Typ | e Date     | iol Code Description Abate Date Comments |        |
|-----|------------|--|--------|
| R   | 09/30/2005 | NO HAZARDS NOTED ON THIS DATE.           | $\neg$ |
| L   |            |  |        |

A Reinspection will be made on or after 11/03/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

Malled

CONOCO PHILLIPS / (503) 248-1538

by

ALVAREZ, GERALD / C-TEAM

BUS. OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page 1 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 9:01:51AM



1300 SE GIDEON STREET

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### FIRE INSPECTION REPORT

Facility #:

37163

Building Name: FUEL LOADING

Business Name: CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A\$10.00 FINE WILL BE ABSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

| Ţy | pe_Date    | Viol Code Description Abat | Date Comments                  |
|----|------------|----------------------------|--------------------------------|
| R  | 09/30/2005 |                            | NO HAZARDS NOTED ON THIS DATE. |
| _  |            |                            |                                |

A Reinspection will be made on or after 11/09/2005 to determine compilance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If Motations remain at the third and aubsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

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CONOCO PHILLIPS / (503) 248-1538

BUS. OWNER/AGENT NAME & PHONE

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR

Page 1 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 9:06:15AM

|   | West  | Coast 7                                       | <b>Terminals</b>                                       | 5   |  |
|---|---|---|--|---|--|
| Record of Mee   | ting or Inspec  | ction by Re                                   | gulatory / E   | nvironmenta   | al Agency                              |
| Date of Meeting   | Sept.30,<br>2005  | Agency  | Portland Fig   | e Department  |  |
| Inspector(s) Name   | Jerry Alvarez,  | Deputy Fire                                   | Marshall   | Telephone<br>No.                                    | 503-823-3814                           |
| District/Terminal   | West Coast Ter  | minals  |  |   |  |
| Area/Station/Location   | Portland T  | erminal                                       |  |   |  |
|   |   |   |  |   |  |
| Nature of Inspection: (List any documents instructed 4 hour inspections. Examifire inspection records. H&S staff. | pected. List doc<br>ection of the term<br>ned fire and foar | uments surre<br>ninal includi<br>n system tes | ndered. List a<br>ng full tour of t<br>ting and inspec | ny samples tak<br>ank farms, mar<br>tion records. M | en.<br>rine dock and<br>lade copies of |
|   |   |   |  |   |  |
| List any Discrepancies  |   |   |  |   |  |
| Requested the followin<br>lube warehouse; label I<br>storage containers (e.g.                                     | SD for termina  | l boilers, ass                                | ure collections  | of more than 3                                      |  |
|   |   |   |  | -   |  |
| List any Action To Be   | Faken, Who is re  | esponsible fo                                 | r the action and                                       | d completion d                                      | ue date:                               |
| A formal report from the responsibility of John S. There were no violation  | herman and will   | be closed b                                   |  | r 3. All items v                                    | vill be the                            |
|   |   | <del></del>                                   | T- UM - N  | 7.4.A   |  |
| Citation or NOV Issued<br>(Attach copy) Expected<br>Reason for Issue:   | l? Yes or No<br>i? Yes or No                                | No<br>No                                      | To Whom: N   | l/A   |  |
|   |   |   |  | <del> </del>  |  |
| Form Completed By:  | John Sherman  | ·   | Title:   | Terminal Superviso                                  | r                                      |

Distribute to:

Karen Kennedy, Rich Hartig, Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bary Duffin, Bill Collins as appropriate

omy outing out appropria

Wp\_doc\insplog

Rev: 10-27-98

Sherman, John:

From: Sherman, John:

Sent: Sunday, October 02, 2005 10:48 AM

To: GRP:SITE Portland Terminal

Cc: Lefebvre, Gary:

Subject: FW: Portland Fire inspection - 9-30-2005

All, Most of you are aware that the terminal had a fire inspection on Friday morning between 7 am and 11 am by Portland Fire and Rescue. We did very, very well and the inspector, Deputy Fire Marshall Jerry Alvarez, was impressed with the overall condition and repair of the facility. He made a few suggestions which are listed below. Good job!

-----Original Message----

From:

Sherman, John:

Sent:

Friday, September 30, 2005 4:59 PM

To:

Gilfillan, Shawn:; Jenkins, Mary:; Webb, Vance; Collins, Bill; Hartig, Rich; Silva, Larry; Stevenson, Jim

Cc: Lefebyre, Gary:

Subject: Portland Fire inspection - 9-30-2005



9 30 2005 rtland Fire Inspec

Portland had a 4 hour fire inspection on Friday, Sept 30. The Fire Bureau expects to issue a report on Monday, October 3. There will be several minor items that will require action. None is serious and no NOV will be issued.

- Requested we modify labeling on pump starts/stops on the black oil and lubes truck racks and the railcar rack to be clearer to responding fire personnel
- · add labeling to an FDC on a warehouse
- · add clearer labeling to the boiler ESD for emergency personnel use
- chain a 20# propane tank to a fixture to assure stability
- assure we don't have more than 3 portable fuel containers (gas cans) stored in the same spot unless it is a fireproof cabinet

Overall, the inspection went very well.

During the inspection it was called to our attention that the City of Portland will now require permits for major work on systems that are used for handling flammable materials. The City is requiring a permit for major tank repairs, tank decommissioning, major pipe repairs and pipe replacement. Emergency repairs will not require a permit. Verbal guidelines were provided for what is considered major or minor work. The permits will take 2 - 3 days to be issued. Inspections of the work requires 24 hour notice. The City is requiring welder certifications, pressure tests on lines following repair or new construction, x-rays, etc. Very little of the work at Portland over the last 5 years would have required a permit other than the repairs made to our tanks following an API inspections. It looks like the City is viewing this process both as a source of revenue and as a means of documenting their oversight of industry.

John Sherman ConocoPhillips office: 503-248-1538 fax: 503-248-1522 Sherman, John:

From: Sherman, John:

Sent: Sunday, October 09, 2005 4:11 PM

To: Lyons, Thomas: Lefebvre, Garv:

Cc: Lefebvre, Gary: Subject: fire inspection

Tom, When you get a chance, can you review the fire inspection report and see what you have in your files that shows we did some of what he put on the inspection report? Make a copy and we will formally respond to the inspection, including copies of the inspections he is requesting.

Thanks.

John Sherman ConocoPhillips office: 503-248-1538 fax: 503-248-1522

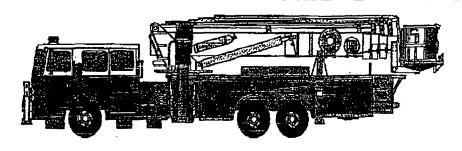


CITY OF

## PORTLAND, OREGON

FIRE PREVENTION DIVISION

Eric Sten Fire Commissioner John Klum, Fire Marshal 1300 S. E. Gideon St. Portland, Oregon 97202-2419 (503)823-3955 FAX (503)823-3925



| DATE:         | 10/3/05  |
|---------------|--|
| то:           | John Sherman / Gary  |
| FIRM:         | anoco Phillips   |
| FAX#:         | 503-248-1522 / 1599  |
| <b>А</b> АААА | Ten's Manes<br>Ten's Manes<br>Ten's Manes<br>Ten's Manes   |
| FROM          | Prevention Dission Product C031 823 3014 1300 SE Catalon St. Fine (500) 123 3060. Portland CD8 97202 In page restame of portland cons. |
| FAX # (5      | 503) 823-3925  |
| THE TO        | TAL NUMBER OF PAGES IN THIS FAX ARE:   |



1300 SE GIDEON STREET PORTLAND, OREGON 97202-2419 PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

45408

Building Name:

**DOCK WAREHOUSE** 

Business Name:

**CONOCO PHILLIPS** 

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A\$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

Viol Code Rescription Abate Date Comments Type Date PROVIDE APPENDIX III-C TEST AS OR PROVIDE DOCUMENTATION THAT TEST 09/30/2005 (1) 507 FOLLOWS: STANDPIPE - EVERY FIVE HAS BEEN PERFORMED IN LAST FIVE YEARS. HYDRANTS - EVERY FIVE **YEARS** SPRINKLERS - EVERY FIVE YEARS. YEARS

Next inspection cycle-creating arctions— the into man frie alon pormed. - from uports.

A Reinspection will be made on or after 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a line of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

Malled

CONOCO PHILLIPS / (503) 248-1538

BUS, OWNER/AGENT NAME & PHONE

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR





1300 SE GIDEON STREET
PORTLAND, OREGON 97202-2419
PHONE (503) 823-3700 FAX (503) 823-3989 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

45407

Building Name:

**FUELING DOCK** 

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A\$10,00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION FOUND DURING THE INTUAL

| Tync     | Date       | Viol Code | Description                     | Abate Date Comments                    |
|----------|------------|-----------|---------------------------------|--|
| R        | 09/30/2005 | (1) A99   | FIRE ALARM SYSTEMS "OTHER"      | SPRINKLER SYSTEM FOR DOCK SHALL BE     |
| <u> </u> |            | 1         | CODE                            | MONITERED AND BE ADDRESSABLE TO        |
|          |            |           |                                 | MAIN FIRE ALARM PANEL IN THIS FACILITY |
|          |            | (2) S07   | PROVIDE APPENDIX III-C TEST AS  | OR PROVIDE DOCUMENTATION THAT TEST     |
|          |            | 1         | FOLLOWS: STANDPIPE - EVERY FIVE | HAS BEEN PERFORMED IN LAST FIVE        |
|          |            |           | YEARS. HYDRANTS - EVERY FIVE    | YEARS                                  |
|          |            | 1         | YEARS. SPRINKLERS - EVERY FIVE  |  |
|          |            |           | YEARS                           |  |

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CONOCO PHILLIPS / (503) 248-1538

BUS, OWNER/AGENT NAME & PHONE

by

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR

Page 1 of 1

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10/3/2005 12:31:09PM



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### FIRE INSPECTION REPORT

Facility #:

9023

**Building Name:** 

MAIN OFFICE AND WAREHOUSE

**Business Name:** 

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A \$10,00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

|   | Type. | Date       | Viol Code | Description                | Abate Date Comments                 |
|---|-------|------------|-----------|----------------------------|-------------------------------------|
| ı | R     | 09/30/2005 | (1) A99   | FIRE ALARM SYSTEMS "OTHER" | FIXED SYSTEM IN COMPUTER ROOM SHALL |
| 1 |       |            |           | CODE                       | BE MONITERED BY MAIN FIRE ALARM     |
|   |       |            |           |                            | PANEL, PROVIDE APPROVED             |
|   |       |            | [         |                            | INSTALLATION BY CERTIFIED ALARM     |
|   |       |            | <b>,</b>  |                            | INSTALLER                           |

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CONOCO PHILLIPS / (503) 248-1538

ALVAREZ, GERALD / C-TEAM

BUS. OWNER/AGENT NAME & PHONE

FIRE INSPECTOR



1300 SE GIDEON STREET
PORTLAND, OREGON 97202-2419
PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

37163

**Building Name:** 

FUEL LOADING

Business Name:

CONOCO PRILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A\$10,00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION FOUND DURING THE INITIAL

Type Date Viol Code Description Ahate Date Comments

R 09/30/2005 NO HAZARDS NOTED ON THIS DATE.

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CONOCO PHILLIPS / (503) 248-1538

bу

ALVAREZ, GERALD / C-TEAM

BUS, OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page 1 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 9:06:15AM



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### FIRE INSPECTION REPORT

Facility #:

9071

**Building Name:** 

MAINTENANCE SHOP

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. AS 10,00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION FOUND DURING THE INITIAL

| Typ | e Date     | Viol Code Description                   | Abate Date Comments            |
|-----|------------|---|--------------------------------|
| R   | 09/30/2005 |   | NO HAZARDS NOTED ON THIS DATE. |
|     |            | # · · · · · · · · · · · · · · · · · · · | 1                              |

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CONOCO PHILLIPS / (503) 248-1538

ALVAREZ, GERALD / C-TEAM

BUS. OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page 1 of 1

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10/3/2005 9:01:51AM



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### FIRE INSPECTION REPORT

Facility #:

45400

Building Name:

BLACK OIL RACK

**Business Name:** 

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A\$10,00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

| Typ      | e Date      | Viol Code | Description          | Abate Date Comments                    |
|----------|-------------|-----------|----------------------|--|
| R        | 09/30/2005  | (1) N99   | SIGNAGE "OTHER" CODE | PROVIDE PLACARDS OR SIGNAGE FOR        |
| <u> </u> | <del></del> | 1         |                      | ON/OFF SWITCHS, LOCATED ON TOP SIDE OF |
|          |             | Į.        |                      | LOADING RACK                           |

A Reinspection will be made on or after 11/09/2005 to determine compliance. If unconnected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearing's Officer. Each Building with unabated hazards is considered an inspection,

CONOCO PHILLIPS / (503) 248-1538

ALVAREZ, GERALD / C-TEAM

**BUS. OWNER/AGENT NAME & PHONE** 

FIRE INSPECTOR

Page 1 of 1

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10/3/2005 8:59:54AM



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### FIRE INSPECTION REPORT

Facility #:

9108

**Building Name:** 

LUBE LOADING RACK

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY, A \$10,00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION FOUND DURING THE INTUAL

| Type | Date       | Viol Code | <b>Description</b>   | Abate Date Comments                 |
|------|------------|-----------|----------------------|-------------------------------------|
| R    | 09/30/2005 | (1) N99   | SIGNAGE "OTHER" CODE | PROVIDE PLACARDS OR SIGNAGE FOR ON/ |
| L    |            | 1         |                      | OFF SWITCHS, LOCATED ON TOP SIDE OF |
|      |            | 1         |                      | LOADING RACK                        |

A Reinspection will be made on or after 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a line of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

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CONOCO PHILLIP\$ / (503) 248-1538

BUS, OWNER/AGENT NAME & PHONE

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR



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### FIRE INSPECTION REPORT

Facility #:

37162

Building Name:

**CANOPY** 

**Business Name:** 

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A \$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INTIAL

Tyne\_Date Viol Code Description Abate Date, Comments 09/30/2005 NO HAZARDS NOTED ON THIS DATE.

A Reinspection will be made <u>on or sifer</u> 11/09/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If violations remain at the third and subsequent reinspections you will be assessed a line of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an Inspection.

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CONOCO PHILLIPS / (503) 248-1538 -

ALVAREZ, GERALD / C-TEAM

BUS. OWNER/AGENT NAME & PHONE

FIRE INSPECTOR

Page 1 of 1

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 S:47:24AM



1300 SE GIDEON STREET
PORTLAND, OREGON 97202-2419
PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

9054

**Building Name:** 

BOILER / CONTROL ROOM

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

. . . .

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A\$10,00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

| Type     | Date       | Viol Code | Description                    | Ahate Date | Comments                                |
|----------|------------|-----------|--------------------------------|------------|---|
| R        | 09/30/2005 | (1) N99   | SIGNAGE "OTHER" CODE           |            | PROVIDE PLACARDS OR SIGNAGE TO          |
| <u> </u> |            |           |                                |            | INDICATE LOCATION OF EMERGENCY SHUT     |
|          |            |           |                                |            | OFF FOR BOILER IN CONTROL ROOM.         |
|          |            | (2) K23   | PROVIDE PROTECTION TO PREVENT  |            | 20 PD LPG / 5 GALLON W/C TANK IN BOILER |
|          |            |           | TIPPING OVER COMPRESSED GASES. | · .        | ROOM                                    |

A Reinspection will be made on or after 11/08/2005 to determine compliance. If uncorrected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If uncorrected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If uncorrected violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Hearings Officer. Each Building with unabated hazards is considered an inspection.

Malled

CONOCO PHILLIPS / (503) 248-1538

**BUS. OWNER/AGENT NAME & PHONE** 

by

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR



1300 SE GIDEON STREET

PORTLAND, OREGON 97202-2419
PHONE (503) 823-3700 FAX (503) 823-3969 BILLING (503) 823-3777



### FIRE INSPECTION REPORT

Facility #:

9095

Building Name:

ASPHALT SHED

Business Name:

CONOCO PHILLIPS

Business Address: 5528 NW DOANE AV

EACH VIOLATION BELOW MUST BE CORRECTED IMMEDIATELY. A\$10.00 FINE WILL BE ASSESSED FOR EACH COMMON VIOLATION\* FOUND DURING THE INITIAL

| Type    | Date       | Viol Code | Description                   | Abate Date Comments                  |
|---------|------------|-----------|-------------------------------|--------------------------------------|
| R       | 09/30/2005 | (1) S12   | PROVIDE SIGNAGE TO P.D.C. TO  | IN FRONT OF BLDG. ABOVE CONNECTION / |
| <u></u> |            |           | IDENTIFY PROPERTY LOCATION    | SIGNAGE SHALL PAINTED RED            |
|         |            |           | SERVED AND/OR SPRINKLER TYPE. | <u> </u>                             |
|         | ļ          | (2) A99   | FIRE ALARM SYSTEMS "OTHER"    | PROVIDE MONITORING OF SPRINKLER      |
|         |            |           | CODE                          | SYSTEM, SPRINKLER SYSTEM SHALL BE    |
|         |            |           |                               | LINKED TO MAIN FIRE PANEL.           |

A Reinspection will be made on or after 11/09/2005 to determine compliance. If unconnected violations remain at the first reinspection you will be assessed a fine of \$100 plus \$25 per violation. If unconnected violations remain at the second reinspection, you will be assessed a fine of \$200 plus \$25 per violation. If unconnected violations remain at the third and subsequent reinspections you will be assessed a fine of \$400 plus \$25 per violation and your case will be referred to the Code Meanings Officer. Each Building with unabated hazards is considered an inspection.

Mailed

CONOCO PHILLIPS / (503) 248-1538

BUS, OWNER/AGENT NAME & PHONE

by

ALVAREZ, GERALD / C-TEAM

FIRE INSPECTOR

Page 1 of I

A bill summarizing the fees associated with this inspection will be mailed to you.

10/3/2005 S:36:19AM

- 1. Five-year test of Private Fire Hydrants
- 2. Five-year pressure test of dock lines
- 3. Ill-C Inspection of Lube Warehouse (12/27/01)
- 4. Fueling Dock Sprinkler System is monitored and addressed to main fire panel (Work done in 2004, documented on October's report)
- 5. Asphalt Warehouse five year test documented on second page of 8/3/1 report





#### **CHECK SHEET FOR TEST OF PRIVATE FIRE HYDRANTS**

### City of Portland

|   | ¢  | o .                    | Date:                                 | Aug. 6,         | 2001           |
|---|--|------------------------|---------------------------------------|-----------------|----------------|
| REPORT TO: NAME OF BUILDING: ADDRESS OF BUILDING: LOCATION OF HYDRANT: MAKE OF HYDRANT: | Tom  TOSCO (UNION 76)  TANK FARM ( YARD  YARD AREAS  ICWA ( EDDY ) & M | REFINING CO.           |                                       |                 |                |
| Are all the threads on fire hy screw threads?   | drant American Nation fire   | hose connection standa | rd                                    | Yes_X           | No             |
| 2. How many fire hydrants are   | there on this system?  | 5 1/4"                 | x 2 1/2" x                            | 2 1/2"          |                |
| 3. What are the sizes of the ou   | itlets on the hydrant?   | <u>§ 1/2"</u>          |                                       |                 |                |
| 4. What were the sizes of the   | outlets that were flowed?  | 10 PSI                 |                                       |                 |                |
| 5. What was the pitot reading of  | on each outlet flowed?   | 80 PSI                 |                                       |                 |                |
| 6. What was the static pressur  | e?   | 65 PSI                 |                                       |                 |                |
| 7. What was the residual press  | sure?  | 418 GPM                |                                       |                 | - No           |
| 8. What is the maximum fire flo   | ow of this hydrant?  | YES .                  | · · · · · · · · · · · · · · · · · · · |                 |                |
| 9. Did the hydrant bleed prope  | rly after the hydrant was clo  | sed?                   |                                       |                 |                |
| 10. Acess obstructed?   | Yes No   | 20. Nipples l          | oose?                                 | Yes             | _ No _X        |
| 11. Barrel broken?  | Yes No   | 21. Off at gar         | te?                                   | Yes             | _ No _X        |
| 12. Base; leaks?  | Yes NoX  | 22. Opens h            | ard?                                  | Yes             | _ No <u>_X</u> |
| 13. Caps missing; size?   | Yes NoX  | 23. Will not o         | open?                                 | , Yes           | No X           |
| 14. Caps' poor spanner fit?   | Yes NoX  | 24. Set prop           | erly?                                 | Yes             | _ No <u>X</u>  |
| 15. Chatter?  | Yes No X   | 25. Stem bro           | ken?                                  | Yes             | No X           |
| 16. Dome missing?   | YesNoX   | 26. Stem lea           | king?                                 | Yes             | No_X           |
| 17. Faced wrong?  | YesNo_X  | 27. Stem; po           | or spanner fit?                       | Yes             | _ No <u>X</u>  |
| 18. Gate valve covered?   | Yes NoX  | 28. Set too k          | ow?                                   | Yes             | _ No <u>X</u>  |
| 29. Were the caps wire brushe   | ed and regrafited?   | •                      |                                       | Yes_ <u>-</u> - | No _X          |
| 30. Explain any problems:   | NONE   |                        | ,                                     |                 |                |
|   |  |                        |                                       |                 |                |
|   |  |                        |                                       |                 |                |
| Hydrant Out of Service? If Yes, Fire Marshal's Office                                   | Notified?  |                        |                                       | Yes I           | No X<br>No X   |
| Signature of certified personnel  | conducting test:   | Dup                    | Huff                                  | Aug. 6,         | 2001           |
| Company Representing:   | HUSER SALES & SEI<br>231 N TILLAMOOK :<br>PORTLAND OR 9722             | FT.                    |                                       |                 |                |

### Fire lines under dock

. (2)

Huser Sales & Service Inc.

231 N. Tillamook St. Portland, OR 97227 Phone (503) 248-1048 Fax (503) 248-7077 The System was found:

Satisfactory

Unsatisfactory \_\_\_\_\_

X

Inspection Date 10/16/01

# CLASS 1 SYSTEM TEST FIVE (5) YEAR TEST REPORT

|  | Bureau File<br>TMK:  | e No:  |                            |                                 |
|--|--|--|----------------------------|---------------------------------|
| Ow<br>Pro<br>Na  | rner: TRC DISTRIBUTION WEST (UNION 76) rner Address: perty Inspected: FUELING DOCK rne of Licensed Individual Conducting Test: DOUGLAS HUBIN ividual's License Number: 4051 License Expi | ration Date  | ÷:                         |                                 |
|  | CIRCLE RESPONSES   |  |                            | ·                               |
| <ol> <li>2.</li> <li>3.</li> <li>4.</li> <li>6.</li> </ol> | freely and are in good condition?  | (es)<br>(yes)<br>(yes)<br>(yes)<br>(yes)<br>(yes)<br>(yes) | No<br>No<br>No<br>No<br>No | N/A<br>N/A<br>N/A<br>N/A<br>N/A |
|  | AIR TEST   |  |                            |                                 |
| 7.   | Air pressure test maintained 25 psi with no loss of pressure?  Explain if system did not satisfactorily complete air test.  TESTING WATER CANNON SUPPLY & SHOWER CURTAIN SUPPLY          | Yes  | No                         | N/A                             |
|  | HYDROSTATIC TEST   |  |                            |                                 |
| 8.<br>9.<br>10.  | Head pressure recorded at lowest inlet connection? Class 1 system hydrostatically test at what pressure? Test conducted for minimum of CHANNEX TWO HOURS                                 |  | PSI<br>PSI<br>No           | N/A                             |

11. Any leaks detected during hydrostatic test?

Yes (N



| Explain if system did not satisfactorily complete hydrost  | atic tes                | .t.  |             |          |
|--|-------------------------|--|-------------|----------|
| GPM FLOW TEST  |                         |  |             |          |
| 2. RESENT outlet nozzle oriface size used in the test?   | 1"                      | 1-1/8"                                     | 1-1/4"      | 1-3/8"   |
| 3. RXXX outlet pressure record?  |                         | 45 PSI                                     |             |          |
| Inlet pressure recorded at the lowest inlet connection?  Friction loss during the test?  |                         | 85 PSI                                     |             |          |
| (Inlet pressure-(Head pressure + <b>Exact</b> Soutlet pressure))   |                         | 10 PSI                                     |             |          |
| 5. Did the system pass the flow test?  Explain if system did not satisfactorily complete flow test   | t.                      | Yes  | No          | N/A      |
| Y. System passed all segments of the Class 1 system test any yellow decal was affixed to the inlet connection?   | d a                     | · (Yes)                                    | No          | N/A      |
| S. System is inoperable and a temporary sign was placed on   | the                     |  |             |          |
| inlet connection?  |                         | Yes  | No          | N/A      |
| REMARKS  |                         |  |             |          |
| AUXILARY DRAIN SIGNS - 9 EACH  |                         |  |             |          |
| CONTROL VALVE SIGNS - 8 EACH   |                         |  |             |          |
|  |                         |  | ·           |          |
|  | <u>-</u>                |  |             |          |
|  | ne repo                 | rt to be kept o                            | n the prop  | erty and |
| have been appraised of the test results and given a copy of the ill immediately correct all deficiencies noted from the test.  | e repo                  | rt to be kept o                            | n the prop  | erty and |
| nave been appraised of the test results and given a copy of the fill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:   |                         | rt to be kept o                            | n the prop  | erty and |
| nave been appraised of the test results and given a copy of the ill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:  |                         | rt to be kept o                            | n the prop  | erty and |
| nave been appraised of the test results and given a copy of the fill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:   |                         | rt to be kept o                            | n the prop  | erty and |
| nave been appraised of the test results and given a copy of the contract all deficiencies noted from the test.  ame of Owner or Agent:   |                         |  | n the prop  | erty and |
| have been appraised of the test results and given a copy of the li immediately correct all deficiencies noted from the test.  TOM LYONS (Print)  Surance Company and Insurance Agent of the Property Own   | ner:                    | rt to be kept of                           | n the prop  | erty and |
| nave been appraised of the test results and given a copy of the fill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:   | ner:                    | 10/16/01                                   | n the prop  | erty and |
| nave been appraised of the test results and given a copy of the fill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:  TOM LYONS  (Print)  surance Company and Insurance Agent of the Property Owners  gnature (Owner)  LICENSE INDIVIDUAL'S SECTION  | ner:<br>- D             | 10/16/01<br>ate:                           |             |          |
| nave been appraised of the test results and given a copy of the fill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:  TOM LYONS  (Print)  surance Company and Insurance Agent of the Property Owners  gnature (Owner)  LICENSE INDIVIDUAL'S SECTION  state that the information on this form is correct at the time a suipment tested at this time was left in operational condition   | ner: Diagram            | 10/16/01<br>ate:                           | ections and | that all |
| have been appraised of the test results and given a copy of the ill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:  TOM LYONS  (Print)  ISSURANCE Company and Insurance Agent of the Property Owners  COMPANY  COMP | ner: Diagram            | 10/16/01<br>ate:                           | ections and | that all |
| have been appraised of the test results and given a copy of the fill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:  TOM LYONS  (Print)  ISSURANCE Company and Insurance Agent of the Property Owners  EICENSE INDIVIDUAL'S SECTION STATE TO THE PROPERTY OF THE PROPERTY O | D. ON and place upon co | 10/16/01 ate: ce of my inspersompletion of | ections and | that all |
| nave been appraised of the test results and given a copy of the fill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:  TOM LYONS  (Print)  surance Company and Insurance Agent of the Property Owners  Company and Insurance Agent of the Property Owners  LICENSE INDIVIDUAL'S SECTION (Owners)  LICENSE INDIVIDUAL'S SECTION (Owners)  State that the information on this form is correct at the time a puipment tested at this time was left in operational condition noted above.  Ame of Inspector:  DOUGLAS HUBIN  (Print)  | D. ON and place upon co | 10/16/01 ate: ce of my inspersompletion of | ections and | that all |
| have been appraised of the test results and given a copy of the ill immediately correct all deficiencies noted from the test.  ame of Owner or Agent:  TOM LYONS  (Print)  ISSURANCE Company and Insurance Agent of the Property Owners  COMPANY  COMP | D. ON and place upon co | 10/16/01 ate: ce of my inspersompletion of | ections and | that all |



## CHECK SHEET FOR TEST OF FIRE EXTINGUISHING SYSTEMS AS REQUIRED IN U.F.C.

| City of Portland, Oregon |  |                         |  |  |  |  |  |
|--------------------------|--|-------------------------|--|--|--|--|--|
|                          | Date: 12 / 2   | 7/01                    |  |  |  |  |  |
| REF                      | EPORT TO:  |                         |  |  |  |  |  |
| NA!                      | AME OF BUILDING: DSCO WARE 40456.  |                         |  |  |  |  |  |
| ADI                      | DDRESS OF BUILDING: 5528 NW DOAN   |                         |  |  |  |  |  |
| TYF                      | PE OF SYSTEMS BEING TESTED:  | 7                       |  |  |  |  |  |
|                          | Dry StandpipeWet StandpipeI  | Ory Sprinkler System    |  |  |  |  |  |
| *                        | Wet Sprinkler System Combination \( \sqrt{2} \) SYSTEMS C  | Other MT FREEZI         |  |  |  |  |  |
| 1.                       | GENERAL 3-C INSPECTING   | +/0                     |  |  |  |  |  |
|                          | c. Are all the systems in service at time of test?   | YesNo YesNo YesNo YesNo |  |  |  |  |  |
|                          | Totally Sprinklered Partially Sprinklered Basement Sprinklers Only Exitway Sprinklers Wet Standpipe Dry Standpipe  |                         |  |  |  |  |  |
| 2.                       | ALL SPRINKLER SYSTEM   |                         |  |  |  |  |  |
|                          | <ul> <li>a. Was the Fire Department connection check valve cleaned and/on back flushed from check valve to FDC?</li> <li>b. Are all fire department connections in satisfactory condition, couplings free, caps and plus in place?</li> <li>c. What is the size of main drain?</li> <li>d. What was residual pressure when main drain was completely open?</li> <li>e. Was sprinkler system flushed from the control valve to remote end of sprinkler system:</li> </ul> | /esNo /esNo /esNo /esNo |  |  |  |  |  |

|          |              | Vas alarm bell or motor gong checked and working by flowing vater from inspector test? | $\chi_{ m Yes}$ | No          |          |
|----------|--------------|--|-----------------|-------------|----------|
|          |              | Are all control valves open and in operating condition?                                | Y Yes           | No No       |          |
|          |              | Was anti-freeze solution in anti-freeze systems tested and the                         | <del>/\</del>   |             | . 18     |
|          |              | ystem left in satisfactory condition?  | Yes             | No ·        | - 10     |
|          |              | s the sprinkler system, heads, piping, valves, hangers and gages                       | . ^             | <del></del> |          |
|          |              | n satisfactory condition?  | _XYes_          | No          | •        |
|          |              |  | 1 4             |             |          |
| 1        | DD.          | SPRINKLER SYSTEMS  | ED (            | 2.)         |          |
| 3.       | DKI          | SPRINKLERSISTEMS   | •               |             |          |
| •        | a. V         | What is the size of dry sprinkler valve?   |                 |             |          |
|          | b. V         | What is size of orifice on inspector test valve?                                       |                 |             |          |
|          | c. \         | What was the time for water to reach the inspectors test?                              |                 |             |          |
|          | d. I         | s dry valve in service and in good condition?  | Yes             | No          |          |
| 4.       | FIR          | E HOSES  |                 |             |          |
| ٠.       | 1 110        |  | ,               |             | 23 1     |
|          | a. V         | What was residual PSI at the top of riser with one hose line flowing?                  | 6               | 2 \         | 3 6      |
|          |              | How many hose stations on this system?   | ĐΝ              | 30          | JNILLER. |
|          |              | What are the fire hose sizes?  |                 |             | SYSTEM   |
|          | d. A         | Are all the fire hoses, nozzles, valves and gaskets in good working                    |                 |             | •        |
|          | (            | Condition?   | X Yes_          | No          |          |
|          | e. I         | Do all hose valves and hoses have National Standard threads?                           | Yes_            | No          |          |
| <b>=</b> | np:          | Y STANDPIPES   | ,               |             |          |
| 5.       | DK           | STANDFIFES   |                 |             |          |
|          | <b>a</b> . I | How many dry standpipes are on this dock?  |                 |             |          |
|          | b. \         | What is the size of the dry standpipe?   |                 |             |          |
|          | c. Y         | Were all outlet valves on the dry standpipe opened and closed to                       |                 |             |          |
|          |              | letermine that they function property?   | Yes_            | No          |          |
|          |              | Are all braces solid and secure?   | Yes_            | No          | •        |
|          |              | Was the dry standpipe hydrostatically tested at 150 PSI?                               | Yes_            | No          |          |
|          |              | Results of test: Passed Failed   |                 |             |          |
|          |              | Vas a flow of 500 GPM of water flowed through the standpipe                            |                 |             |          |
|          |              | o the roof?  | Yes_            | No          |          |
|          |              | Were all standpipe drained, caps replaced, and restored to working                     | ~ ~             | 2.7         |          |
|          |              | Condition at end of test?  | Yes_            | No          | •        |
|          | n. \         | Were gaskets replaced in FDC?  | Yes             | No          |          |

| 6.      | FIRE PUMPS (Run at least 10 minutes)   |
|---------|--|
|         | a. What is the make, model, and the GPM Rating of the fire pump?  b. Did the fire pump come on automatically?  c. With the fire pump running at 100% of capacity, what was the Residual pressure at the highest operational?   |
| 7.      | . TANKS  |
| yp.     | a. Are all gravity and pressure tanks in good working condition with the automatic filling system operational?  ORRECTIONS THAT ARE REQUIRED  ORRECTIONS THAT ARE REQUIRED  ORRECTIONS THAT ARE REQUIRED  ORRECTIONS THAT ARE REQUIRED  ORRECTIONS MADE  BACKFLISHED  SYSTEM  REPACED  ORRECTIONS MADE  BACKFLISHED  SYSTEM  REPACED  ORRECTIONS MADE  ORR |
| N<br>24 | ignature of certified personnel conducting test:  JAME OF COMPANY: HUSCR SALES SELV; PHONE: 248-1948  4 HOUR NOTICE MUST BE GIVEN PRIOR TO TEST FOR WITNESSING. CONTACT THE FIRE  JARSHAL'S OFFICE. 823-3700   |

| Heat Responsive Devices: Type? (Work dome in Look)  Heat Responsive Devices: Type? (Work dome in Look)  HEAT RESTRED (13) THINTERN 150° HEAT DETECTIONS  2 MAIN CONTROL VALUES STATEMES (4) REMOTE ACTIVAL PURSH RUTIONS LOLATED IN SOUTH STOT OF DOCK CONTROL ROOM.  Xiliary Equipment: No? Type? Location? Test Result?  Explanation of any "No" answer, and/or unsatisfactory status:  NON E.  Recent changes in building occupancy or fire protection equipment:  FIRE CONTROL CONTROL PROJECT IS MEN MONITORES | C.<br>J 190° 1<br>LUES SW | D.<br>HEAT DET                        | E.                                    | F   |
|---|---------------------------|---------------------------------------|---------------------------------------|---|
| TESTED (13) THINTSEN ISO HEAT DETECTORS  2 MAIN CONTROL VALUES SENTCHES (1) REMOTE ACTIVAL PUSH BUTTONS LOCATED IN SOUTH SIDT of DOCK CONTROL ROOM.  xiliary Equipment: No? Type? Location? Test Result?  Explanation of any "No" answer, and/or unsatisfactory status:  NON E.  Recent changes in building occupancy or fire protection equipment:   | LUES SW                   |                                       | EJUNS                                 |   |
| Past Rutions Loisted in State State Door  Control Room  xiliary Equipment: No? Type? Location? Test Result?  Explanation of any "No" answer, and/or unsatisfactory status:  NON E.  Recent changes in building occupancy or fire protection equipment:  | TO IN SI                  | TeHSC /                               | _                                     |   |
| xiliary Equipment: No? Type? Location? Test Result?  Explanation of any "No" answer, and/or unsatisfactory status:  NON E.  Recent changes in building occupancy or fire protection equipment:  | Fr IN Si                  | <del> </del>                          | 1) REMUTE                             | ACTIVAL   |
| xiliary Equipment: No?Type?Location?Test Result?  Explanation of any "No" answer, and/or unsatisfactory status:  NON 5  Recent changes in building occupancy or fire protection equipment:  |                           |                                       | e st Da                               | <u>ur                                    </u>                                   |
| Explanation of any "No" answer, and/or unsatisfactory status:  Now E  Recent changes in building occupancy or fire protection equipment:  |                           |                                       |                                       |   |
| Explanation of any "No" answer, and/or unsatisfactory status:  Now E  Recent changes in building occupancy or fire protection equipment:  |                           |                                       |                                       |   |
| Explanation of any "No" answer, and/or unsatisfactory status:  Now E  Recent changes in building occupancy or fire protection equipment:  | <del></del>               |                                       | <del></del>                           |   |
| Recent changes in building occupancy or fire protection equipment:  | ?Loca                     | tion?                                 | Test Result?                          |   |
| Recent changes in building occupancy or fire protection equipment:  | or unsatisfact            | ory status:                           | •                                     |   |
| Recent changes in building occupancy or fire protection equipment:  |                           |                                       |                                       |   |
| •   |                           |                                       | <del></del>                           | <del></del>   |
| •   |                           |                                       |                                       |   |
| •   |                           | <del></del>                           |                                       |   |
| •   |                           |                                       |                                       | <del></del>   |
| •   |                           |                                       |                                       |   |
| •   |                           |                                       |                                       |   |
| •   |                           |                                       |                                       | <del></del>   |
| •   |                           |                                       | <u> </u>                              | <del></del>   |
| •   |                           |                                       |                                       |   |
| •   |                           |                                       |                                       |   |
| •   | or fire protec            | tion equipme                          | nt·                                   |   |
| FIRE CLUTTHIN CONTROL PANEL IS NEW MONITORES  | or the protec             | tion equipme                          | <u> </u>                              |   |
|   | evi Pjani                 | EC 15 M                               | w mont                                | TORKO   |
| BY MAIN FIRE ALKRUM PANEL   |                           |                                       |                                       |   |
| - FINE CLUTTHIN CONTR   |                           | ? Loca or unsatisfact  or fire protec | ? Location? or unsatisfactory status: | ?Location?Test Result? or unsatisfactory status:  or fire protection equipment: |

## **HUSER SALES & SERVICE, INC.**



asphalt warchour

| Phone (503) 248-1948 FAX (503) 248-7077 | The system was found:  | Nales                            |
|---|--|----------------------------------|
| FAX (303) 246-7011                      | Satisfactory X Unsatisfactory (see item 19) Desirable Improvements X (see item 22) | THE MARK OF<br>PROFESSIONAL SERV |
| Name: UNION 76                          | License/Certification No: 4051   |                                  |

Company Physical Address: Floors Inspected: I certify that the test was done in my presence and under my supervision in accordance with the City & County of PORTLAND OR Name: DOUG HUBIN

#### AUTOMATIC FIRE SPRINKLER SYSTEM

#### 3-C INSPECTION

| 1. | General   | YES               | NO* | NA          |
|----|---|-------------------|-----|-------------|
|    | <ul> <li>a. Is the building occupied?</li> <li>b. Is occupancy same as previous inspection?</li> <li>c. Are all systems in service?</li> <li>d. Are all fire protection systems same as last inspection?</li> <li>e. Is building completely equipped with sprinklers?</li> <li>f. Are all new additions and building changes properly protected?</li> <li>g. Is all stock or storage property below sprinkler piping?</li> <li>h. Was property free of fires since last inspection? (Explain any fire(s) on separate sheet)</li> <li>i. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?</li> </ul> | x x x x x         |     | X<br>X<br>, |
| 2. | Control Valves (see item 16)  |                   |     |             |
|    | <ul><li>a. Are all sprinkler system main control valves open?</li><li>b. Are all other valves in proper position?</li><li>c. Are all control valves in good condition and sealed or supervised?</li></ul>   | <u>x</u> <u>x</u> |     |             |
| 3. | Control Supplies (see item 17)  |                   |     |             |
|    | a. Was water flow test made and results satisfactory?   | X                 |     |             |

| 4. Tanks, Pumps, Fire Department Connections   | YES | NO*      | ŇA         |             |
|--|-----|----------|------------|-------------|
| <ul><li>a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?</li><li>b. Are fire department connections in satisfactory condition, couplings free, caps in place and check valves tight?</li></ul>   | X   |          | х          | BACK FLOWED |
| 5. Wet Systems (see item 13)   |     |          |            |             |
| <ul><li>a. Are cold weather valves open or closed as necessary?</li><li>b. Have anti-freeze systems been tested and left in satisfactory condition?</li><li>c. Are alarm valves, water flow indicators and retards in satisfactory condition?</li></ul>  | x   |          | _x_<br>_x  |             |
| 6. Dry Systems (see item 14)   | `   |          |            |             |
| <ul> <li>a. Is dry valve in service and in good condition?</li> <li>b. Is air pressure and priming water level normal?</li> <li>c. Is air compressor in good condition?</li> <li>d. Were low points drained during fall and winter inspections?</li> <li>e. Are Quick Opening Devices in service?</li> <li>f. Has piping been checked for stoppage within past 5 years?</li> <li>g. Has piping been checked for proper pitch within past 5 years?</li> <li>h. Has piping been checked for proper pitch within past 10 years?</li> <li>i. Are dry valves adequately protected from freezing?</li> <li>j. Is valve house and heater condition satisfactory?</li> </ul> |     | JG. 3, 2 |            |             |
| 7. Special Systems (see item 18)   |     |          |            | ~ <b>~</b>  |
| <ul><li>a. Were valves tested as required?</li><li>b. Were all responsive systems tested and results satisfactory?</li><li>c. Were supervisory features tested and results satisfactory?</li></ul>   |     |          | _ <u>x</u> |             |
| 8. Alarms  |     |          |            | •           |
| <ul><li>a. Water motor and gong test satisfactory?</li><li>b. Electric alarm test satisfactory?</li><li>c. Supervisory alarm service test satisfactory?</li></ul>  | X_  |          | <u> </u>   |             |

| 9. | Sprinklers | _ | Piping |
|----|------------|---|--------|
|----|------------|---|--------|

| a.  | corrosion or loading?  |
|-----|--|
| b.  | Are all sprinklers less than 50 years old?                                     |
|     | Are extra sprinklers readily available?  |
| d.  | Is condition of piping, drain valves, check valves, hangers,                   |
|     | pressure gauges, open sprinklers and strainers satisfactory? X REPLACED GAUGES |
|     | Are all sprinklers of proper temperature rating? X                             |
|     | Are portable fire extinguishers in good condition?                             |
| g.  | Is hand hose on sprinkler system satisfactory?                                 |
| PLE | SE EXPLAIN ANY "NO" ANSWERS IN ITEM 19.  |
| 10. | ate Dry System Piping last checked for stoppage: Aug. 3, 2001                  |
|     | ate Dry System Piping last checked for proper pitch: Aug. 3, 2001              |
|     | ate Dry Pipe Valve last trip tested:   |
|     | ımber of Wet Systems: Make & Model:  |
|     | ımber of Dry Systems: 1 Make & Model: AUFOMATIC DRY VALVE 6"                   |
|     | ımber of Special Systems: Type:  |
| ]   | ake & Model: Condition:  |

| CONTROL VALVES | NO   | TYPE | OPEN<br>YES/NO | SECURED YES/NO | CLOSED<br>YES/NO | SIGNS<br>YES/NO | CONDITION |
|----------------|------|------|----------------|----------------|------------------|-----------------|-----------|
| CityConnecti   | on 2 | VIP  | X              | X              | Х                | Х               | OK        |
| TANK           |      |      |                |                |                  |                 |           |
| PUMP           |      |      |                |                |                  |                 |           |
| Sectional      | 1    | OS&Y | X              | X              |                  | X               | OK        |

### 17. Water Flow Test

| Water Flow Te                    | et: voc            |                  | lf r | one ma | le why?  | O  |                   |
|----------------------------------|--------------------|------------------|------|--------|----------|----|-------------------|
| Test Size Pipe Test Located Pipe | Pressure<br>Before | Flow<br>Pressure | Test | Size   | Pressure |    | Pressure<br>After |
| ON RISER 2" 18. Heat Res         | 75 PSI 70          | PSI              |      |        |          |    |                   |
|                                  | Α.                 |                  |      |        |          | Е. | F                 |
|                                  |                    |                  |      |        |          |    |                   |
|                                  |                    |                  |      |        |          |    |                   |

دبيره

**West Coast Terminals** Record of Meeting or Inspection by Regulatory / Environmental Agency Date of Meeting August, 30 Agency Environmental Protection Agency 2005 Tom Shinault, EPA Inspector(s) Name Telephone 206-553-6917 Erin A. Lynch - Ecology and Environment, No. Inc. (contractor to EPA) District/Terminal West Coast Terminals Area/Station/Location Portland Terminal Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken. The EPA conducted a field review of the Portland Terminal Emergency Response Plan and SPCC plan and an inspection of the terminal compound. The inspectors took photos of the control room, VRU and Kinder Morgan and diesel manifolds. Transportation personnel present for the inspection were John Sherman, Vito DeBellis and Bill Collins. List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s): None made. No exceptions or areas of concern were identified. A letter documenting the inspection will be sent by the EPA within the next month. List any Action To Be Taken, Who is responsible for the action and completion due date: N/A Citation or NOV Issued? Yes or No No To Whom: Expected? Yes or No No (Attach copy) Reason for Issue: Form Completed By: Title: John Sherman Terminal Supervisor

Distribute to:

Karen Kennedy, Rich Hartig, Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bary Duffin, Bill Collins as appropriate

Wp\_doc\insplog

Sherman, John:

From: Sherman, John:

Sent: Thursday, September 01, 2005 7:36 AM

To: Gilfillan, Shawn:; Williams, Jack E; Jenkins, Mary:; Webb, Vance; Collins, Bill; Hartig,

Rich; Silva, Larry; Stevenson, Jim

Subject: EPA Inspection, Portland Terminal doc



8 30 2005 EPA Inspection .doc...

The EPA conducted an inspection of the Portland ERP and SPCC plans followed by a facility tour on August 30. No exceptions were noted. The EPA inspector commented that they are very impressed with the quality of the ConocoPhillips ERP and SPCC plans and use them as a model when working with facilities that have plans they consider to be in need of improvement. A letter will be sent to the terminal by the EPA in the next several weeks documenting the inspection.

John Sherman ConocoPhillips office: 503-248-1538 fax: 503-248-1522



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 10

1200 Sixth Avenue Seattle, WA 98101

Aug 3, 2005

Dear Facility Owner/Operator:

The United States Environmental Protection Agency (EPA) has selected your facility(s), among others, for inspection regarding applicability and compliance with requirements of the Spill Prevention, Control and Countermeasures (SPCC) rule, 40 C.F.R. Part 112. The SPCC rule applies to owners or operators of non-transportation-related facilities that store, use, process, refine, transfer, distribute, or consume oil and oil products, and have a total aboveground capacity (in containers of 55 gallons or greater) of at least 1,320 gallons, where due to its location the facility could reasonably be expected to discharge oil into navigable waters of the U.S. or adjoining shorelines. Additional information about the SPCC rule can be found on the internet at www.epa.gov/oilspill.

These inspections will be conducted from August though September, 2005 during regular business hours (8:00 AM to 5:00 PM). You may or may not be called prior to the inspection. Upon arrival, the EPA inspector will request to interview the owner or operator of the facility, review the facility's SPCC Plan (if there is one) and associated records, and inspect the facility to determine applicability of the SPCC rule and compliance with the requirements of the rule. The inspection should take from 45 minutes to 1 ½ hours, depending on the size and complexity of your facility. You will be able to ask the inspector questions during the inspection. If your facility is not normally staffed during regular business hours or when the EPA inspector arrives, the EPA inspector will gather as much information as possible from outside of the facility and follow up with a letter requesting additional information to complete the inspection.

Within one month after completing the inspection, EPA will send you, or the owner or operator of the facility, a letter regarding EPA's determinations with respect to applicability of the SPCC rule to your facility and compliance or non-compliance with the requirements of the rule. If your facility is found to be regulated by the SPCC rule, and in violation of the requirements of the rule, you may be provided an opportunity to

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enter into an Expedited Settlement Agreement with the EPA to resolve the matter. The Expedited Settlement Agreement is voluntary on the part of EPA and the facility owner/operator. If offered and accepted, the Expedited Settlement Agreement requires that the facility owner/operator pay a penalty of from \$400 to \$2,500, depending on the violations, and bring the facility into full compliance within one month after receipt of the Expedited Settlement Agreement document. Regulated facilities that are found in violation and do not have secondary containment, or where total penalties exceed \$2,500, will not be offered the Expedited Settlement Agreement option. Regulated facilities that are found in violation and do not meet the Expedited Settlement Agreement criteria, or do not accept the Expedited Settlement Agreement, will be referred for administrative enforcement, and much higher penalty amounts may apply.

Thank you for your cooperation in this matter.

Sincerely

Michael Sibley

On-Scene Coordinator

# STATE OR OF THE PROPERTY OF TH

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION 10

1200 Sixth Avenue Seattle, WA 98101

Reply To Attn Of: OCE-126 2 0 JAN 2006

#### **CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Mr. John Sherman Mr. William Collins Conoco Phillips Company-Portland Terminal 5528 Doane Ave. Portland, OR 97210

Re: August 30, 2005 Compliance Inspection

Dear Mr. Sherman and Mr. Collins:

On August 30, 2005, the United States Environmental Protection Agency (EPA) conducted a Spill Prevention, Control and Countermeasure Plans (SPCC) inspection of your facility. The purpose of that inspection was to gather information regarding your operation as part of an overall evaluation of the compliance status of your facility with the Oil Pollution Prevention regulations.

We have evaluated the inspection findings, and I want to convey to you that the EPA inspector did not observe any areas of noncompliance at the time of the inspection. Although our goal is to ensure SPCC facilities comply fully with the regulations, the ultimate responsibility rests with the facility. As such, I want to strongly encourage your company to continue its efforts to maintain full knowledge of the requirements and to act appropriately to ensure full compliance with the Oil Pollution Prevention regulations.

EPA reserves the right to revisit your facility at some time in the future to view any changes you have made. If you have any questions about the inspection or other EPA matters, please contact Tom Shinault at (206) 553-5116.

Sincerely

Philip M. Wong, Manager Compliance Monitoring Unit

cc: Tom Shinault, EPA-ECL Mike Zollitsch, OR DEQ USCG MSO, Portland Dana Stalcup, EPA HQ

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| West Coast Terminals  |
|---|
| Record of Meeting or Inspection by Regulatory / Environmental Agency  |
| Date of Meeting 1/25/2005 Agency United States Coast Guard  |
| Inspector(s) Name Lt Eric May, MST1 David Turman, Telephone 503-240-9333  Blaine Hoover (rank unavailable) No.  |
| District/Terminal West Coast Terminals  |
| Area/Station/Location Portland Terminal   |
| Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected)   |
| List any documents inspected. List documents surrendered. List any samples taken.   |
| Full facility environmental and security tour and records inspection including FSP, drill documentation, training records, training agenda and supporting materials, Certificate of Adequacy, past environmental inspection reports, Facility Response Plan and facility USCG operations manual, etc. The inspection began at 0900 and ended at 1245.   |
| List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s):  |
| No NOV's were issued.   |
| One environmental deficiency was noted.  33 CFR 530 (a) (2) small discharge containment inadequate for manifold area. Must meet 2 barrels.  |
| Portland Terminal disagrees with the validity of this deficiency and intends to appeal.   |
| <ol> <li>Four security deficiencies were noted.</li> <li>33 CFR 105.222 (b) (2) Record all information required by this section. The start and stop time for terminal evacuation drills was not noted on a form.</li> <li>33 CFR 105.415 (a) (ii) Update monitoring and security incident procedures sections of FSP to accurately reflect operations.</li> <li>33 CFR 105.222 (b) (3) Ensure all vehicles parked inside the restricted area have vehicle permits. (1 vehicle missing a pass. Corrected on the spot.)</li> <li>33 CFR 105.260 (c) (6) Place restricted area signs on all gates. (one gate missing a Restricted Area sign.)</li> </ol> |
|   |
| List any Action To Be Taken, Who is responsible for the action and completion due date:   |
| Environmental Deficiency: John Sherman, due 25-Feb-2005 Word. Lu attachel   |
| Security Deficiencies:  1. John Sherman, closed  2. Jack Williams, due 25-Mar 2005  3. John Sherman, closed  4. John Sherman, 25-Feb-2005   |
| Citation or NOV Issued? Yes or No No No No No Reason for Issue:   |
| Form Completed By: Dhn Than Title: Termol diprover  |

Distributed to:

Karen Kennedy, Rich Hartig, Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bill Collins, Jack Williams, others as appropriate

U.S. Department of Homeland Security United States Coast Guard

Captain of the Port United States Coast Guard 6767 - North Basin Avenue

**Facility Examination Report** 

| r Graand, C | //\ 31211                |
|-------------|--------------------------|
| Staff Symb  | ol: Facility Inspections |
| Phone: (50  | 3) 240-9333              |
| FAX: (503)  |                          |
| SUPECT '    | 340-3222                 |

| Facility Name CONOC                                    | O PHILLIPS C   | 0.                                    |                          | Facility ID Number                           | (FIN)                      |                        |
|--|--|---------------------------------------|--------------------------|--|----------------------------|------------------------|
| Type of Inspection:                                    | Bulk Liquid B  | ulk Solid I                           | iquefied Gas             | Packaged                                     | Other:                     |                        |
| Type of Facility:                                      | Waterfront Facility  | <u>&gt;</u>                           | Mobile Facility          |  | lity of Partic             |                        |
| PS Case Number   | Total Number of deficiencies found   | <b>i</b> :                            | Date by w<br>deficiencie | hich all identified<br>es must be corrected: | PRIOR T                    | DAYS<br>TO TRANSTER    |
| Regulatio  |  |                                       | ure of Deficier          | ,  |                            | Cleared (CG use only)  |
| 1) 33 CFR:5.   |  |                                       | FOR MAN                  | MEN!<br>FOLO AREI                            | 1                          | , .                    |
| 2)   | Pruse  | MEEG                                  | Z                        | rcs  | retur .                    | L.                     |
| ;<br>3)  |  |                                       |                          | 31 00 J                                      | 14-00                      |                        |
| 4)   |  |                                       | R                        | 2  |                            |                        |
| 5)   |  | -                                     |                          |  |                            |                        |
| Your signature below ind                               | licates you have received a  |                                       |                          |  |                            |                        |
| deficiencies identified, rec<br>are considered correct | that may be attached. You a<br>quest an extension or submit<br>ed once you have subm | a request for alternated proof of the | ativé compliance, a      | s described on the re                        | verse side of the Port and | his form. Deficiencies |
| Facility Examiner (Please F                            | Howar  | Signature<br>Signature                |                          | Date of 25                                   | Inspection - JAN-0         | 5<br>Superiusua        |
| JOHN OF  | Requirements and instr   | Page 1                                | ofing deficiencies are   | 7  |                            | JUPERMAUR              |



Captain of the Port United States Coast Guard 6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

**Facility Examination Report** 

| Facility Name   |  | F                          | acility ID Number (F                    | IN)               |                          |  |
|---|--|----------------------------|---|-------------------|--------------------------|--|
| CONOCO PHILLIPS CO, Type of Inspection: Bulk Liquid E   | Bulk Solid Liqu  | efied Gas                  | Packaged *                              | Other:^           | ATSA                     |  |
| Type of Facility: Waterfront Facility   |  | obile Facility             |   |                   | ular Hazard              |  |
| PS Case Number  Total Number of deficiencies found  | <u> </u>   | Date by which              | ch all identified<br>must be corrected: |                   |                          |  |
| Regulation (172)  |  | of Deficiency              | •                                       | .,                | Cleared<br>(CG use only) |  |
| <del></del>   | SECTION. (E  | VAMPLE: TI                 | YE)                                     |                   |                          |  |
| Accuen  | TE FS.P. MON<br>JUT PROCEDURE<br>TELY REFLECT<br>ETE BY 25-1 | S. SECTIONS<br>T OPERATION | OF F.S.P.                               |                   |                          |  |
|   | ALL VEHICU<br>CTED AVEAS H                                   | AVE VEHICE                 |   |                   | X                        |  |
|   | ETE BY 25-F  | EB-05.                     | an All                                  | <u>aate</u> s.    |                          |  |
| 5)  | Silviuma A   | STA                        |   |                   |                          |  |
| Your signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on this page and any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either correct the deficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Deficiencies are considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are approved. |  |                            |   |                   |                          |  |
| Facility Examiner (Please Print)  | Signature  |                            | Date of Ir                              |                   | 05                       |  |
| MST1 DAVID TIQUAN Facility Representative (Please Print) JOHN SHERMAN   | Signature Page 1 of  | J. Lhu                     | Title                                   | S-JAN -<br>ZMINAL | Superview                |  |

#### **West Coast Terminals**

#### Record of Meeting or Inspection by Regulatory / Environmental Agency

| Date of Meeting       | 1/25/2005 Agency United States Co |         |  |                  |              |
|-----------------------|-----------------------------------|---------|--|------------------|--------------|
| Inspector(s) Name     | Lt Eric May, N<br>Blaine Hoover   |         |  | Telephone<br>No. | 503-240-9333 |
| District/Terminal     | West Coast Ter                    | minals  |  |                  |              |
| Area/Station/Location | Portland T                        | erminal |  |                  |              |
|                       |                                   |         |  |                  |              |

Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken.

Full facility environmental and security tour and records inspection including FSP, drill documentation, training records, training agenda and supporting materials, Certificate of Adequacy, past environmental inspection reports, Facility Response Plan and facility USCG operations manual, etc. The inspection began at 0900 and ended at 1245.

List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s):

No NOV's were issued.

One environmental deficiency was noted.

33 CFR 530 (a) (2) small discharge containment inadequate for manifold area. Must meet 2 barrels.

Portland Terminal disagrees with the validity of this deficiency and intends to appeal.

Four security deficiencies were noted.

- 1. 33 CFR 105.222 (b) (2) Record all information required by this section. The start and stop time for terminal evacuation drills was not noted on a form.
- 2. 33 CFR 105.415 (a) (ii) Update monitoring and security incident procedures sections of FSP to accurately reflect operations.
- 3. 33 CFR 105.222 (b) (3) Ensure all vehicles parked inside the restricted area have vehicle permits. (1 vehicle missing a pass. Corrected on the spot.)
- 4. 33 CFR 105.260 (c) (6) Place restricted area signs on all gates. (one gate missing a Restricted Area sign.)

List any Action To Be Taken, Who is responsible for the action and co

Environmental Deficiency: John Sherman, due 25-Feb-2005. CLOSE

#### Security Deficiencies:

- 1. John Sherman, closed
- 2. Jack Williams, due 25-Mar 2005
- 3. John Sherman, closed
- 4. John Sherman, 25-Feb-2005

| Citation or NOV Issu<br>(Attach copy) Expec | ed? Yes or No<br>ted? Yes or No | No<br>No | To Whom: | N/A  |
|---|---------------------------------|----------|----------|------|
| Reason for Issue:                           |                                 |          |          |      |
| Form Completed By:                          | John Sherman                    |          | Title:   | Ter. |

A Semblian of the Cinp Semble of Parks and

Distributed to:

Karen Kennedy, Rich Hartig, Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bill Collins, Jack Williams, others as appropriate

U.S. Department of Homeland Security United States Coast Guard

Captain of the Port United States Coast Guard

6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 FAX: (503) 240-9308

| Regulation  Nature of Deficiency  (CG use  IN 33 CFR 530 (A)(2) SMALL DISCHARGE CONTRINUENT  IN ADTIGULATE FOR MAINTENT SAFF, C. ENT  ABBLE CONTAINMENT SAFF, C. ENT  ABBLE CONTAINMENT SAFF, C. ENT  ABBLE CONTAINMENT SAFF, C. ENT  TO JOHN SHEER MA From BLA WE HOUSE  Fix 4  NON 7640-51-517-7500 MOSS-101 GENERAL SERVICES ADMINISTRATION  Your signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on it and any additional pages that may be stateched. You also acknowledge you have thirty days from the date of this examination to either condicience identified may be extended on a submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted prinof of the corrections to the Capital of the Port and they are applicated corrected once you have submitted prinof of the corrections to the Capital of the Port and they are applicable to the Capital of the Port and they are applicable to the Capital of the Port and they are applicable to the Capital of the Port and they are applied to the Capital of the Port and they are applied to the Capital of the Port and they are applied to the Capital of the Port and they are applied to the Capital of the Port and they are applied to the Capital of the Port and they are applied to the Capital of the Port and they are applied to the Port and they are applied |  | касшту Ех  | amination i   | ceport  |  |                                       |
|--|--|--|---|---|--|---------------------------------------|
| Type of Facility: Waterfront Facility  Facility of Particular Hazard  Facility of Particular Hazard  Tour Number  Regulation  Nature of Deficiency  Clear (CG use  (CG use  The Start of Start  | Facility Nume CONOCO PI  | HILLIPS CO.  |   | Pacility 1D Number                            | (FIN)                                    |                                       |
| PS Case Number  Thus Number of deficiencies the product of deficiencies that the corrected deficiencies that be corrected.  Regulation  Nature of Deficiency  Clear (CG use  INFO TO PRODUCT OF THE PRODU | Type of Inspection: Bu   | lk Liquid Bulk Solid   | Liquefied Gas   | Packaged .                                    | Other:                                   |                                       |
| Regulation  Nature of Deficiency  Clear (CG use  INDICATE THE MARKET CONTRIBUTED  PART TRANSMITTAL  For Johnson From Barrier  For Johnson Johnson From Barrier  For Considered corrected once you have submitted proof of the corrections to the Capital of the Port and they are applications for Johnson From Barrier  For Johnson From Barrier  Johnson Fro | Type of Facility:  | aterfront Pacility   | Mobile Facility   | Fac   | ility of Particul                        | ar Hazard                             |
| CG use    33 CFR -530 (a)(c)   Small Disc Harge (a) Italians   | PS Case Number   |  | Date by w<br>deficienci                                 | rhich all identified<br>es must be corrected  | 30 C                                     | TRAPSTE                               |
| CONTRIBUTE TO STAND SO 17-00)  FAX TRANSMITTAL  TO JOHN SO 18-00 SECTIONAL FORM SO 18-00 SECTION SO STAND SECTION SO SECTION SO SECTION SO SECTION SO SECTION  | Regulation   |  | Nature of Deficien                                      | асу   | •  | Cleared<br>(CG use only)              |
| Coursignature below indicates you have received a copy of this examination report and you understand the deficiencies identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficiencies identified, equest on a extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficiencies identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficiencies identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficiencies identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficiencies identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficiencies identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficience is identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficience is identified, equest on extension or submit a request for ulternative compliance, as described on the reverse side of this form. Deficience is identified on it is examination to either considered corrected on the reverse side of this form. Deficience is identified on it is examination.  Signature  Date of Inspection   | ) 33 CFR .530(a)   | (2) SMALL DISCI  | HARGE CONTAIN   | lucati  | · · · · · · · · · · · · · · · · · · ·    | 14 F683                               |
| Contained to the contained the contained to the contained to the contained the contained to the contained the contained to the contained t |  | INADIQUAT  | E FOR MAN   | FOLD ARE                                      | 1  | 1 INSA                                |
| PRIOR SHEAR AND MITTAL  TO JOHN SHEAR AND Places  Places  Fax 8  NSN 7540-01-317-7308  SO29-101  GENERAL SERVICES ADMINISTRATION  Cour signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the date of this examination or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated.  Signature  Signature  Date of Inspection  35-3AN-05  Tally Representative (Please Print)  Signature  Title  Temmaal Syfferential  |  | MUST ME  | 65 Z 1880   | 069   | — A                                      | •                                     |
| PRIOR SHEAR AND MITTAL  TO JOHN SHEAR AND Places  Places  Fax 8  NSN 7540-01-317-7308  SO29-101  GENERAL SERVICES ADMINISTRATION  Cour signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the date of this examination or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated.  Signature  Signature  Date of Inspection  35-3AN-05  Tally Representative (Please Print)  Signature  Title  Temmaal Syfferential  |  |  |   |   |  |                                       |
| FAX TRANSMITTAL  TO JOHN SHERMAN  From Blainte Houses  DeputAgency  Fax I  NEW 7640-01-317 7988  SOSS-101  CENERAL SERVICES ADMINISTRATION  Coursignature below indicates you have received a copy of this examination report and you understand the deficiencies identified on it any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated to the confidence of the corrections of the Port and they are applicated.  Signature  Date of Inspection  15-JAN-05  Title  TERMINAL SIGNAL  TERMINAL SIGNAL  TERMINAL SIGNAL  TERMINAL SIGNAL   | )  | LABGE  | CONTAINMENT   | Suffic  | ENT                                      |                                       |
| To John Sheer man from 88 (7-00)  Fax * TRANSMITTAL   * of pages > 1  To John Sheer man Form Blain Market Deputagency   Phone 8   1  Non 7640-01-317 7388   5099-101   General Seruces administration report and you understand the deficiencies identified on it any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicable to the confidence of the corrections of the Port and they are applicable. Signature   Date of Inspection   15- JAN - 0.5    Table House Print   Signature   Date of Inspection   15- JAN - 0.5    Title TERMINAL SIGNATURE.  |  |  | · · · · · · · · · · · · · · · · · · ·                   |   | <del></del>                              |                                       |
| To John Sheer man from 88 (7-00)  Fax * TRANSMITTAL   * of pages > 1  To John Sheer man Form Blain Market Deputagency   Phone 8   1  Non 7640-01-317 7388   5099-101   General Seruces administration report and you understand the deficiencies identified on it any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicable to the confidence of the corrections of the Port and they are applicable. Signature   Date of Inspection   15- JAN - 0.5    Table House Print   Signature   Date of Inspection   15- JAN - 0.5    Title TERMINAL SIGNATURE.  |  |  |   |   | <del></del>                              | <b></b>                               |
| COPTIONAL FORM 98 (7-20)  FAX TRANSMITTAL  TO JOHN SHEERMAN Prime Blain W. Howeld  Deptingency  Phone 8  Fax *  NSN 7548-01-317-7388  SO99-101  GENERAL SERVICES ADMINISTRATION  Out a signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on it any additional pages that many be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated. Signature  Signature  Date of Inspection  15-JAN-05  Title  Tenningle Signature   |  |  |   |   |  |                                       |
| FAX TRANSMITTAL  TO JOHN SHEAMA From BLAINE HOUSE  Dept/Agency  Fax s  Fax s  Fax s  Fax s  Fax s  Fax s  NSN 7640-01-317 7388 S099-101 GENERAL SERVICES ADMINISTRATION  Our signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the data and additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated. Please Print)  Signature  Signature  Date of Inspection  15-JAN-05  Title  Title  TERMINAL SIGNATUR  Title   | )  |  |   |   |  |                                       |
| Fax TRANSMITTAL  To JOHH SHEA MAP From Blaine House  Deputagency  Fax     Fax     Fax     Fax      Fax  |  |  |   |   |  | П                                     |
| Fax TRANSMITTAL  TO JOHN SHEAMAN From Blance House  Dept/Agency  Fax 1  To JOHN SHEAMAN From Blance House  Phone 8  NSN 7640-01-317-7288  SOSS-101  GENERAL SERVICES ADMINISTRATION  To signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the not any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated. Signature  Signature  Date of Inspection  15- JAN - 05  Table Thermal  |  |  |   | <u> </u>                                      |  |                                       |
| Fax TRANSMITTAL  To JOHH SHEA MAP From Blaine House  Deputagency  Fax     Fax     Fax     Fax      Fax  |  |  |   | 2   |  |                                       |
| FAX TRANSMITTAL  TO JOHN SHERMAN  Phone 8  Phone 8  NSN 7548-01-317 7388  SOSS-101  GENERAL SERVICES ADMINISTRATION  Our signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the day additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated.  Signature  Signature  Date of Inspection  25-3AN-05  Table  TERMINAL SIFER.  | )  |  |   |   |  |                                       |
| Deputagency  Fax 8  Fax 8  NSN 7640-01-317-7388  S098-101  GENERAL SERVICES ADMINISTRATION  Our signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the day additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicable and the corrections to the Captain of the Port and they are applicable.  Signature  Date of Inspection  25-JAN-05  Tide  TERMINAL SIGNATURE  Tide   | OPTIONAL FORM 98 (7-00   | n  |   |   |  | <del></del> 1                         |
| DepL/Agency Plane 8  Fax 8  NSN 7640-01-317-7388 S099-101 GENERAL SERVICES ADMINISTRATION  Our signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the day additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either conficiencies identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are applicated.  Signature  Date of Inspection  25-JAN-05  Tide  Tenninger  Tide  Tenninger  Tide   | FAX TRA  | NSMITTAL .   | or pages ►  |   |  |                                       |
| NSN 7640-01-317-7388 5099-101 GENERAL SERVICES ADMINISTRATION  Cour signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the result of this examination to either considered identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are approximately representative (Please Print)    Signature   Date of Inspection   15-JAN-05    Signature   Title   Terminal Signature   Terminal Signature   Title   Titl | · <u> </u>   | HERMAN DIA   | it forter   |   |  |                                       |
| Cour signature below indicates you have received a copy of this examination report and you understand the deficiencies identified on the order and any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either considered identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are appropriately described in the port of the port and they are appropriately described in the port of the port and they are appropriately described in the port of the port and they are appropriately described in the port of the port and they are appropriately described in the port of the port of the port and they are appropriately described in the port of the po | ) Fex #  | Fax #  |   |   |  |                                       |
| and any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either considered identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are approximately examiner (Please Prim)    Signature   | NSN 7640-01-317 -7388  | 5099-101 GENERAL SE  | HVICES ADMINISTRATION                                   |   |  |                                       |
| and any additional pages that may be attached. You also acknowledge you have thirty days from the date of this examination to either considered identified, request an extension or submit a request for alternative compliance, as described on the reverse side of this form. Define considered corrected once you have submitted proof of the corrections to the Captain of the Port and they are approximately examiner (Please Prim)    Signature   | •  |  |   |   |  |                                       |
| Facility Examiner (Please Print)  Signature  Signature  Signature  Signature  Date of Inspection  25-3AN-05  Facility Representative (Please Print)  Signature  Signature  Signature  Title  TERMINAL SUPERS   | nd any additional pages that may<br>eficiencies identified, request an i | be attached. You also acknow extension or submit a request for | ledge you have thirty day<br>ralternative compliance, a | s from the date of t<br>is described on the r | his examination t<br>evense side of this | o either correct the form, Deficienci |
| JOHN SHERMAN JOHN SLINON TERMINAL SUPERN   | Facility Examiner (Please Prim)  | Signature  | Bl. /   | Date of                                       | of Inspection                            |                                       |
| Page 1 of 1  |  |  | John Stim   | OL  | TERMINIAL                                | SUPERUSOR                             |
| Requirements and instructions for convecting deficiencies are on the back of this form.  | <b>*</b>   |  | Page 1 of   | on the heate of the                           | form                                     |                                       |

240-2555 240-2555

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CONTAINMENT 10,418 AAL= PAD

250 BBL

ADDITIONAL TANK CONTAINMENT UNDER THE DOCK : 2000 GALLONS: 48 BBL

#### § 154.520

or recorded elsewhere at the facility with the loading arm marked to identify it with that information.

(c) Each mechanical loading arm used for transferring oil or hazardous material must have a means of being drained or closed before being disconnected after transfer operations are completed.

[CGD 75-124, 45 FR 7172, Jan. 31, 1980, as amended by CGD 86-034, 55 FR 36253, Sept. 4,

#### § 154.520 Closure devices.

(a) Except as provided in paragraph (b) of this section, each facility to which this part applies must have enough butterfly valves, wafer-type resilient scated valves, blank flanges, or other means acceptable to the COTP to blank off the ends of each hose or loading arm that is not connected for the transfer of oil or hazardous material. Such hoses and/or loading arms must be blanked off during the transfer of oil or hazardous material. A suitable material in the joints and couplings shall be installed on each end of the hose assembly or loading arm not being used for transfer to ensure a leak-free seal.

(b) A new, unused hose, and a hose that has been cleaned and is gas free, is exempt from the requirements of paragraph (a) of this section.

[CGD 93-056, 61 FR 41459, Aug. 8, 1996]

#### § 154.525 Monitoring devices.

The COTP may require the facility to install monitoring devices if the installation of monitoring devices at the facility would significantly limit the size of a discharge of oil or hazardous material and either:

- (a) The environmental sensitivity of the area requires added protection;
- (b) The products transferred at the facility pose a significant threat to the environment: or
- (c) The size or complexity of the transfer operation poses a significant potential for a discharge of oil or hazardous material.

[CGD 75-124, 45 FR 7172, Jan. 31, 1980, as amended by CGD 86-034, 55 FR 36253, Sept. 4, 1990]

#### 33 CFR Ch. I (7-1-03 Edition)

§ 154.530 Small discharge containment. (a) Except as provided in paragraphs (c), (d), and (e) of this section, each fa-

cility to which this part applies must have fixed catchments, curbing, or other fixed means to contain oil or hazardous material discharged in at least-

(1) Each hose handling and loading arm area (that area on the facility that is within the area traversed by the free end of the hose or loading arm when moved from its normal stowed or idle position into a position for connection):

(2) Each hose connection manifold area: and

(3) Under each hose connection that will be coupled or uncoupled as part of the transfer operation during coupling, uncoupling, and transfer.

ncoupling, and transfer.
(b) The discharge containment means all allowed. required by paragraph (a) of this section must have a capacity of at least:

(1) Two barrels if it serves one or more hoses of 6-inch inside diameter or smaller, or loading arms of 6-inch nominal pipe size diameter or smaller;

(2) Three barrels if it serves one or more hoses with an inside diameter of more than 6-inches, but less than 12 inches, or loading arms with a nominal pipe size diameter of more than 6 inches, but less than 12 inches; or

(3) Four barrels if it serves one or more hoses of 12-inch inside diameter or larger, or loading arms of 12-inch nominal pipe size diameter or larger.

(c) The facility may use portable means of not less than 1/2 barrel capacity each to meet the requirements of paragraph (a) of this section for part or all of the facility if the COTP finds that fixed means to contain oil or hazardous material discharges are not fea-

(d) A mobile facility may have portable means of not less than five gallons capacity to meet the requirements of paragraph (a) of this section.

(e) Fixed or portable containment may be used to meet the requirements of paragraph (a)(3) of this section.

amended by CGD 86-034, 55 FR 36253, Sept. 4. 1990; CCD 93-056, 61 FR 41460, Aug. 8, 1996)

left moonze ? 503-240-2555 m 2-14-05 @ 1:45 PM. regrested call

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(CGD 75-124, 45 FR 7172, Jan. 31, 1980, as

7. ALENY VISITS - 2004

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| West Coast Terminals   |                   |                   |                             |  |  |  |  |
|--|-------------------|-------------------|-----------------------------|--|--|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency   |                   |                   |                             |  |  |  |  |
| Date of Meeting 12-13-2004 Agency  | Portland Fire     | Bureau            |                             |  |  |  |  |
| Inspector(s) Name Captain Mike Gift  |                   | Telephone<br>No.  | Station 6 –<br>503-823-3834 |  |  |  |  |
| District/Terminal West Coast Terminals   |                   |                   |                             |  |  |  |  |
| Area/Station/Location Portland Terminal  |                   |                   |                             |  |  |  |  |
| Nature of Inspection: (Identify files, plans, PTO's, f<br>List any documents inspected. List documents surre |                   |                   |                             |  |  |  |  |
| Toured facility, reviewed contact information, facili  | ty layout, operat | tion of fire sy   | stems                       |  |  |  |  |
| List any Discrepancies Noted, Requests, or Suggesti  | ons made by Ins   | spector(s): No    | one made.                   |  |  |  |  |
| Suggestions: Label outside of 45' foam trailer noting  | g contents and v  | olume of foar     | n                           |  |  |  |  |
|  |                   | 7.5               | ,                           |  |  |  |  |
| List any Action To Be Taken, Who is responsible fo   | r the action and  | completion d      | ue date:                    |  |  |  |  |
| See suggestion above: Vito DeBellis, 1-31-2005   |                   |                   |                             |  |  |  |  |
|  |                   |                   |                             |  |  |  |  |
|  |                   |                   |                             |  |  |  |  |
| Citation or NOV Issued? Yes or No No (Attach copy) Expected? Yes or No No Reason for Issue:                  | To Whom: N/       | 4                 |                             |  |  |  |  |
| Form Completed By: John Sherman  | Title: To         | erminal Superviso | r, Transportation           |  |  |  |  |

Distribute to:

Karen Kennedy, Rich Hartig, Jim Stevenson, Vance Webb, Shawn Gilfillan, Larry Silva, Mary Jenkins, Bary Duffin, Bill Collins, others as appropriate

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|   |                             |                | erminals         |                   |              |
|---|-----------------------------|----------------|------------------|-------------------|--------------|
| Record of Mee   | ting or Inspe               | ction by Re    | gulatory / E     | nvironment        | al Agency    |
| Date of Meeting   | 7-6-2004                    | Agency         | United State     | s Coast Guard     |              |
| Inspector(s) Name   | Petty Officers<br>Heaton    | Clint Towns    | end & John       | Telephone<br>No.  | 503-240-9333 |
| District/Terminal   | West Coast Te               | rminals        |                  | <u> </u>          |              |
| Area/Station/Location   | Portland 7                  | Terminal       |                  |                   |              |
| Nature of Inspection: (<br>List any documents ins                     |                             |                |                  | -                 | •            |
| Performed field and rec   | ords inspection             | of Portland d  | ock and areas v  | vithin USCG       | AOR.         |
| Company personnel pre   | sent: John Sher             | man, Vito De   | Bellis, Gary Le  | Febvre            |              |
|   |                             |                |                  |                   |              |
| List any Discrepancies  | Noted, Request              | s, or Suggesti | ons made by In   | spector(s): No    | one made.    |
| None noted.   | ·                           |                |                  |                   |              |
|   |                             |                |                  |                   |              |
|   |                             | <u> </u>       | ·-               |                   |              |
|   |                             |                | <u> </u>         |                   |              |
| List any Action To Be   | Faken. Who is r             | esponsible for | r the action and | completion d      | ue date:     |
| N/A   |                             |                |                  |                   |              |
|   |                             |                |                  |                   |              |
|   |                             |                |                  |                   |              |
|   |                             | <del></del>    |                  |                   |              |
|   |                             |                |                  |                   |              |
| Citation or NOV Issued<br>(Attach copy) Expected<br>Reason for Issue: | ? Yes or No<br>!? Yes or No | No<br>No       | To Whom: N/      | A                 |              |
|   |                             |                |                  |                   |              |
| Form Completed By:  | John Sherman                |                | Title: T         | erminal Superinte | ndent        |

Distribute to:

Rich Hartig, Jim Stevenson, Vance Webb, Larry Silva, Mary Jenkins, Bary Duffin, others as appropriate

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Captain of the Port United States Coast Guard

6767 - North Basin Avenue Portland, OR 97217 Staff Symbol: Facility Inspections Phone: (503) 240-9333 -FAX: (503) 240-9308

## **Facility Examination Report**

| Facility Name  | PHILLIPS   |  |                                     |                             | Facility ID Number   |  |  |
|--|--|--|-------------------------------------|-----------------------------|--|--|--|
| ype of Inspection:   | Bulk Liquid  | Bulk Solid   | Liquefie                            | d Gas                       | Packaged   | Other:   |  |
| ype of Facility:   | Waterfront Faci  |  |                                     | e Facility                  |  | lity of Particu  | ar Hazard  |
| S Case Number  | Total Number<br>deficiencies fo                                | of   |                                     | Date by w                   | hich all identified<br>is must be corrected:                       |  |  |
| Regulation   |  | ONE I  | Nature of                           | Deficien                    | су   |  | Cleared (CG use only)  |
|  |  |  |                                     |                             |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |  |                                     | Y.                          |  |  | . 🗆  |
|  |  |  |                                     |                             | 3  | -<br>  |  |
|  |  |  |                                     |                             |  |  |  |
| our signature below indicated any additional pages that ficiencies identified, reques a considered corrected | may be attached. Yo<br>t an extension or subronce you have sub | ou also acknow<br>nit a request for<br>omitted proof | ledge you have<br>r alternative con | thirty days<br>npliance, as | from the date of the<br>described on the re-<br>the Captain of the | is examination to<br>verse side of this<br>e Port and th | o either correct the<br>form. Deficiencies<br>ey are approved. |
| anditti Exemilian (Diance Driet)   | t  | Signature  | 4                                   |                             |  | Inspection   | an artist  |
| acility Examiner (Please Print<br>NST 3 JOHN HE  | ATTAL  |  |                                     |                             | 1 / 11 -   |  | 1  |

7 AGENCY VISITT - 2003

17 TOTAL V13/75



PORTLAND, OREGON

PORTLAND FIRE & RESCUE



George Godson Hazardous Materials Inspector

Prevention Division Phone: (503) 823-3934
1300 SE Gideon St. Fax: (503) 823-3969
Portland, Oregon 97202-2419 ggodson@fire.cl.portland.or.us

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**West Coast Terminals** Record of Meeting or Inspection by Regulatory / Environmental Agency City of Portland Fire Bureau 8-01-2003 Date of Meeting Agency 503-823-3969 - - - AX George Godson, Hazardous Materials Telephone Inspector(s) Name 3934- OFFICE Inspector No. District/Terminal West Coast Terminals Area/Station/Location Portland Terminal Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken. The Fire Marshall did an inspection of all areas of the terminal except the marine dock. The dock area is under the authority of the Harbormaster, not the hazmat division. List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s): None made. No hazards noted. An inspection report will be faxed to the terminal the week of August 4. The inspection is valid for two years. List any Action To Be Taken, Who is responsible for the action and completion due date: N/A N/A To Whom: Citation or NOV Issued? Yes or No No (Attach copy) Expected? Yes or No Reason for Issue: Form Completed By: John Sherman Title: Terminal Superintendent

Rev: 10-27-98

Rich Hartig, Jim Stevenson, Vance Webb, Larry Silva

Distribute to:

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| West Coast Terminals   |                                       |                                       |                |                   |             |  |  |
|--|---------------------------------------|---------------------------------------|----------------|-------------------|-------------|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency |                                       |                                       |                |                   |             |  |  |
| Date of Meeting  | 3/04/03                               | Agency                                | NOAA           |                   |             |  |  |
| Inspector(s) Name  | Ed Werhicke                           | and Kurt Broy                         | vn             | Telephone<br>No.  | 503-460-006 |  |  |
| District/Terminal  | West Coast Te                         | rminals                               |                |                   |             |  |  |
| Area/Station/Location  | Portland T                            | erminal                               |                |                   |             |  |  |
| Nature of Inspection: (<br>List any documents insp                   | ected. List doc                       | uments surren                         | dered. List an | y samples tak     | en.         |  |  |
| Take GPS readings on   | navigation light                      | s at the off sho                      | re end of the  | Portland Marii    | ne Dock.    |  |  |
|  |                                       |                                       |                |                   |             |  |  |
|  |                                       |                                       | _              |                   |             |  |  |
| List any Discrepancies   | Noted, Requests                       | , or Suggestion                       | ns made by In  | spector(s): No    | one made.   |  |  |
|  |                                       |                                       |                |                   |             |  |  |
|  |                                       |                                       | <del>.</del>   |                   |             |  |  |
|  | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                |                   |             |  |  |
| List any Action To Be  | Taken, Who is re                      | sponsible for                         | the action and | completion d      | ue date:    |  |  |
| N/A  | _                                     |                                       |                |                   |             |  |  |
|  |                                       |                                       |                |                   |             |  |  |
|  |                                       |                                       |                |                   |             |  |  |
| Citation or NOV Issued   |                                       | N/A 1<br>No                           | 'o Whom:       |                   |             |  |  |
| (Attach copy) Expected Reason for Issue:                             | ? Yes or No                           | 110                                   |                |                   |             |  |  |
|  |                                       |                                       |                |                   |             |  |  |
| Form Completed By:   | Vito DeBellis                         |                                       | Title: O       | perations Coordin | ator        |  |  |

Distribute to:

Rich Hartig, Jim Stevenson, Vance Webb, Larry Silva

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7 AGENCY VISITS - 2002

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| West Coast Terminals   |   |                          |                                       |                                       |   |  |  |
|--|---|--------------------------|---------------------------------------|---------------------------------------|---|--|--|
| Record of Meeting or Inspection by Regulatory / Environmental Agency |   |                          |                                       |                                       |   |  |  |
| Date of Meeting  | 10-23-2002  | Agency                   | USCG, TRV<br>Team                     | V – Port Secu                         | rity Assessment                                     |  |  |
| Inspector(s) Name  | Lt. Bess How<br>Kevin McVad<br>Rick Nelson &<br>MarineManag | lon, TRW<br>& Bill Brocc | -                                     | Telephone<br>No.                      | Howard:<br>703-418-6608<br>McVadon:<br>571-437-1790 |  |  |
| District/Terminal  | West Coast Te   | rminals                  |                                       |                                       |   |  |  |
| Area/Station/Location  | Portland T  | Terminal                 |                                       |                                       |   |  |  |
|  |   |                          |                                       |                                       |   |  |  |
| Nature of Inspection: (I<br>List any documents insp                  | ected. List do  | cuments sur              | rendered. List a                      | iny samples ta                        | aken.   |  |  |
| The COTP Zone in Port  |   |                          | <u> </u>                              |                                       |   |  |  |
| Astoria to the Bonneville  | e Dam & inclu   | des the Port             | s of Portland an                      | d Vancouver.                          | The Portland  |  |  |
| Terminal had a 2 hour v  | isit/tour. Both   | the Chevror              | and Kinder Mo                         | organ Termin                          | als will also be                                    |  |  |
| visited. The team reque  | sted a copy of  | our Security             | Plan.                                 |                                       |   |  |  |
| List any Discrepancies N   | Voted, Request  | s, or Sugges             | tions made by I                       | nspector(s):                          | None made.  |  |  |
|  |   |                          |                                       |                                       | ·   |  |  |
| Company employees par  | ticipating in th  | ne meeting: 3            | Shawn Gilfillan,                      | Bill Collins,                         | Tom Lyons,  |  |  |
| Vito DeBellis, John She  | rman  |                          |                                       |                                       |   |  |  |
|  |   |                          |                                       |                                       |   |  |  |
| List any Action To Be T  | aken, Who is  | responsible              | or the action an                      | d completion                          | due date:   |  |  |
| N/A  |   |                          |                                       |                                       |   |  |  |
|  |   |                          |                                       |                                       |   |  |  |
|  |   |                          |                                       |                                       |   |  |  |
|  |   |                          |                                       | · · · · · · · · · · · · · · · · · · · |   |  |  |
| Citation or NOV Issued   | · -   | N/A<br>No                | To Whom:                              |                                       |   |  |  |
| (Attach copy) Expected Reason for Issue:                             | ? Yes or No   | 110                      |                                       |                                       |   |  |  |
|  |   |                          | · · · · · · · · · · · · · · · · · · · |                                       |   |  |  |
| Form Completed By:   | John Sherman  |                          | Title: To                             | erminal Soperinte                     | ndent   |  |  |

Distribute to:

Rich Hartig, Jim Stevenson, Vance Webb, Larry Silva

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#### Sherman, John:

From:

Sherman, John:

Sent:

Friday, October 25, 2002 7:29 AM

To: Subject: Hartig, Rich:; Webb, Vance; Stevenson, Jim P; Silva, Larry:

Agency Visit: Portland Terminal, 10-23-2002

The Portland Terminal had a visit from the USCG Port Security Assessment Team on Wednesday afternoon. The USCG has contracted with TRW to perform a security assessment of about 55 ports in the US. Portland, Oregon is the 7th port to be examined. The team is visiting key facilities in the port during a 2 week period. A report will be made to the COTP Port Security Committee sometime in December. Most of the petroleum terminals are targeted for a visit by the group. No exceptions were noted. The team repeatedly commented that the chemical and petroleum industries are significantly more aware than industry in general. They were very favorably impressed by their visit to our facility.

I'm not sure what the distribution should be for this document. Please forward and advise if I left someone off the list. Thanks.



Port Security
Assessment Team ...



Commanding Officer United States Coast Guard Marine Safety Office/Group Portland OR

6767 N Basin Ave Portland, OR 97217 Staff Symbol: Phone: 503 240-9314 Fax: 503-240-9302

3170 October 9, 2002

FROM: Commanding Officer, Coast Guard Marine Safety Office/Group Portland

TO: Maritime Stakeholders

A Port Security Assessment will be conducted within the Port of Portland, OR from 21 October through 1 November, 2002. The purpose of the assessment is to evaluate critical infrastructure within the port area that is vital to public health, the environment and U.S. economic interests.

The following list of personnel from the U.S. Coast Guard Port Security Directorate will be assisting Marine Safety Office/Group Portland in conducting the assessment. All personnel are Coast Guard contractors, except where noted.

LT Stacey Pommerenck, USCG

LT Bess Howard, USCG

Mr. Kevin McVadon 571-437-1790

Mr. Howard Simkin

Mr. Ian Griffiths

Mr. Ed Morris

Mr. Keith Carl

Mr. Allan R. Breese

Mr. David P. Beshlin Ms. Christina Beirne

- TRW 571-232-3053

PETE KNOW! Him

e-MAIL CHRITINA BEINNE

In the course of the security assessment, team personnel will be making observations and taking pictures of port facilities and operations. The result of this assessment will be handled as sensitive law enforcement information.

In all cases, personnel will possess credentials identifying them as Coast Guard officials. If you have any questions during business hours please contact LCDR's David Pierce or Harry Craig, at 503/247-4014 or 240-9325. After hours, contact the Coast Guard Operations Center at 240-9301.

THIS LETTER IS ONLY VALID FOR THE PERSONNEL LISTED ABOVE, DURING THE STATED DATES, AND MUST BE VERIFIED BY PICTURE IDENTIFICATION.

Sincerely,

PAUL D. JEWELL Captain, U.S. Coast Guard Captain of the Port

Copy: Commandant (G-MPP-3)

TRW Systems

LI Bess Howard, USCG

BILL BROCCO, MOSON MARINE MANAGEMENT SERVER

Rick Nelson Hudson Monin

Tom Lyon's Conoco Mhillips

JOHN SIXERMAN CONOCO PHLUPS

Kevin Maldon, Port Security Assessment Team

VITO DEBELLIS CONOCO / PHICLIPS

Shawn Gilfillan

11

BU Guns

## Kevin McVadon

Port Security Assessment Team Maritime Operations (571) 437-1790

Revia. Moladon @ TRW, was Port Security Assessment Tel



Office of Port Security Planning and Readiness

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**West Coast Terminals** Record of Meeting or Inspection by Regulatory / Environmental Agency Date of Meeting 7-31-2002 Agency FBI, Portland Police Bureau Special Agent Jeffrey Pritchett (FBI) Telephone 503-552-5418 Inspector(s) Name Officer Stephanie DeKoeyer (PPB) No. 503-552-5269 West Coast Terminals District/Terminal Portland Terminal Area/Station/Location Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken, The two individuals visited Portland Terminal to discuss the rash of photographers and how to proceed with the incidents. They also examined the teminal security systems and overall approach to security. Discussions were held on the petroleum industry in the NW and how this facility fits into the distribution system. Vulnerabilities were discussed. A request to use the facility to conduct a training exercise was brought up and may take place later this year. Both the Special Agent and the Officer work with the FBI Joint Terrorism Task Force. List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s): N/A List any Action To Be Taken, Who is responsible for the action and completion due date: N/A A request was made to continue documenting incidents and forwarding the information to the PPB and USCG. N/A To Whom: Citation or NOV Issued? Yes or No. No (Attach copy) Expected? Yes or No Reason for Issue: Form Completed By: John Sherman Title: Terminal Superintendent

Distribute to:

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S. Caddell, L. Silva, S. Gilfillan,

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**West Coast Terminals** Record of Meeting or Inspection by Regulatory / Environmental Agency 7-19-2002 United States Coast Guard Date of Meeting Agency Capt James Jewell, LCDR Randy Clark 503-240-Inspector(s) Name Telephone 9301 No. District/Terminal West Coast Terminals Portland Terminal Area/Station/Location Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken. Portland has a new Captain of the Port, James Jewell. As a part of his familiarization with this area, he requested a tour of our facility. Accompanying him was LCDR Randy Clark, Chief, Operations Dept, MSO, Portland. List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s): N/A List any Action To Be Taken, Who is responsible for the action and completion due date: N/A To Whom: Citation or NOV Issued? Yes or No N/A (Attach copy) Expected? Yes or No No Reason for Issue: Form Completed By: John Sherman Title: Terminal Superintendent

Distribute to:

F : 424

S. Caddell, L. Silva, S. Gilfillan, J. Stevenson, Wm. Collins, M. Jones

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**West Coast Terminals** Record of Meeting or Inspection by Regulatory / Environmental Agency Portland Police Bureau Date of Meeting 6-15-2002 Agency Inspector(s) Name Office Stephanie DeKeoyer Telephone 503-552-No. 5269 District/Terminal Nortwest Terminals Area/Station/Location Portland Terminal Nature of Inspection: (Identify files, plans, PTO's, facilities, equipment, etc. inspected) List any documents inspected. List documents surrendered. List any samples taken. Shawn Gilfillan and John Sherman met with PPB Officer Stephanie DeKoeyer to discuss the status of investigations of reports filed by the Portland Terminal. Also discussed PPB Criminal Intelligence Unit efforts against iinternational and domestic terrorist organizations. See attached e-mail. List any Discrepancies Noted, Requests, or Suggestions made by Inspector(s): N/A List any Action To Be Taken, Who is responsible for the action and completion due date: N/A Citation or NOV Issued? Yes or No. N/A To Whom: Portland Terminal Expected? Yes or No No (Attach copy) Reason for Issue: Form Completed By: John Sherman Title: Terminal Superintendent

Distribute to: S. Caddell, L. Silva, S. Gilfillan,

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#### Sherman, John:

To:

Caddell, Steve:; Trayte, Rollie:; Silva, Larry:

Cc:

Gilfillan, Shawn:

Subject:

Meeting with Portland Police Bureau - 6-05-2002

Shawn Gilfillan and I met with Officer Stephanie DeKoeyer of the Portland Police Bureau (PPB). She's with the Criminal Intelligence Unit (CIU), FBI Joint Terrorism Task Force. We discussed several items and requested follow-up on several incidents. Items of note:

- Office DeKoeyer has been assigned as a primary contact by the PPB for incidents involving possible terrorist activities
  against our industry and associated industries.
- The Portland Chief of Police, Mark Kroeker has made it clear to the CIU that he has a personal interest in the safety of our industry.
- Officer DeKoeyer is actively pursuing leads, etc that deal with ELF and domestic anarchists and will keep us advised
  of any developments that might affect us.
- She will provide case numbers for reports that have been completed on the incidents Portland Terminal previously
  called in to the PPB.
- The addresses of the terminals will be flagged by the PPB to generate an automatic notification to the CIU if a call is made from a terminal
- PPB is considering a possible mandatory written report by PPB police officers if a call is made by a terminal
- · Portland Terminal will request extra patrols by the PPB North Precinct.
- We discussed the significance of the three terminals in this immediate area (Phillips, Chevron, Kinder Morgan) to impress upon the PPB and CIU the economic importance of our plants to the economy of the NW.
- We offered tours of the facility and immediate area for the PPB and associated agencies.

Until our request for this meeting, there hasn't been a primary contact for follow-up on our incidents and the response by the various agencies appeared to be disjointed. It looks like Officer DeKoeyer has been assigned the responsibility of following up on any calls or issues originating from the terminals. Further, PPB Chief Kroeker is taking a greater interest in the security of our industry. It appears that the agencies are implementing a stronger investigative program and we are beginning to see the results. The form documenting the meeting with an agency person is below.



Otscussions with PPI & 05 2002...

John Sherman Portland Terminal Office: 503-248-1538 Fax: 503-248-1522